LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form, have it notarized and return with $10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (504) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY
Postmark Date: 6/4/98
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98 JUN 5 PM 2:22
$10.00

1. NAME McConnell, Sherri E.
   Last First MI

2. BUSINESS PHONE 504-334-0322

3. BUSINESS ADDRESS 1215 Acadian, Baton Rouge, LA 70806
   Street and No. City State Zip

4. EMPLOYER Sherri McConnell, Inc.

5. EMPLOYER'S ADDRESS P.O. Box 44312, Baton Rouge, LA 70804
   Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes____ No ✓

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Coushatta Tribe of Louisiana
   Address 214 E. Nezpique, Jennings, LA 70546
   Business or purpose Indian Tribe

   ☐ New Representation
   Does this person pay you?____
   If No, who pays you?____

   ☑ Terminated Representation as of June 3, 1998

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

State of Louisiana

Parish of East Baton Rouge

Before me, the undersigned authority, personally came and appeared _____, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Signature of Lobbyist

Sworn to and subscribed before me on this 4th day of June, 19 98

Notary Public

Rev. 8/97