**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

**To be used for changes to registrations and terminations.**

Lobbyist's Registration Number

**FOR OFFICE USE ONLY**
Postmark Date: 12-22-99
L. Supp
√# 192
$10.00
RSD

**1991714**

## Instructions

- Print in ink or type.
- Complete form and return with $10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- 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.

1. NAME SCHAUS (Last) DANIEL (First) R. (MI)

2. BUSINESS PHONE 504-867-4604

3. BUSINESSADDRESS 1530 DOVE PARK ROAD (Street and No.) MANDEVILLE (City) LA (State) 70471 (Zip)

MAILING ADDRESS SAME (Street and No.) (City) (State) (Zip)

4. EMPLOYER CLECO CORPORATION

5. EMPLOYER'S ADDRESS 2030 DONAHUE FERRY ROAD, PINEVILLE, LA 71361 (Street and No.) (City) (State) (Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes XX 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 DANIEL R. SCHAUS

Address 1530 DOVE PARK ROAD, MANDEVILLE, LA 70471

Business or purpose CLECO CORPORATION

☐ New Representation
Does this person pay you?

If No, who pays you?

☒ Terminated Representation as of DECEMBER 31, 1999

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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 _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

Form 601 Rev. 8/99