EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 03/09/06
XSUPP

3060449

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, or fax to (225) 763-8787. For information or assistance, call (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted **within 5 days** of any changes in your registration form or to add employers or those you represent. It must be submitted **within 10 days** of any termination of employment or representations.

1. NAME Mangham (Last) Elizabeth (First) M. (MI)

NAME CHANGE _____ (Last) _____ (First) _____ (MI)

2. BUSINESS PHONE (225) 381-0166 (Area Code) Phone Number

3. FAX PHONE (225) 381-0163

4. BUSINESS ADDRESS 637 St. Ferdinand (Street and No.) Baton Rouge (City) LA (State) 70802 (Zip)

MAILING ADDRESS Same (Street and No.) _____ (City) _____ (State) _____ (Zip)

5. EMPLOYER Southern Strategy Group

6. EMPLOYER'S ADDRESS 637 St. Ferdinand (Street and No.) Baton Rouge (City) LA (State) 70802 (Zip)

7. Have you ceased or terminated all lobbying activities requiring registration? Yes ____ No ✓

8. 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 Alliance of YMCA's

Address 2525 Canal St. New Orleans LA 70119

Business or purpose Community service provider

☑ New Representation
Does this person pay you? yes

If No, who pays you? _____

☐ Terminated Representation as of _____

HAND DELIVERED

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2) Name Ron Sachs Consulting

Address PO Box 109 Tallahassee FL 32302

Business or purpose Public Relations

☑ New Representation
Does this person pay you? yes

If No, who pays you?

☐ Terminated Representation as of

3) Name HNTB

Address 2900 South Quincy St, Ste 200, Arlington VA 22206

Business or purpose engineering

☑ New Representation
Does this person pay you? yes

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 LSA-R.S. 49:71 et seq. has been deliberately omitted.

Signature of Lobbyist

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2) Name DUTKO Worldwide LLC

Address 412 First Street SE, Ste 100, Washington DC 20003

Business or purpose Consulting

☒ New Representation
Does this person pay you? yes

If No, who pays you?

☐ Terminated Representation as of

3) Name Benfield Group

Address 909 Fannin St, Ste 1700, Houston TX 77010

Business or purpose reinsurance

☐ New Representation
Does this person pay you?

If No, who pays you?

☒ Terminated Representation as of

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Signature of Lobbyist