E

EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

279
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 1-17-07
TERM
wmi
3070003
SCANNED
JUL 18 2007
By:

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 Dellichele Patricia
Last First MI

NAME CHANGE ____
Last First MI

2. BUSINESS PHONE 504.909.0993
(Area Code) Phone Number

3. FAX PHONE 225.387.3400

4. BUSINESS ADDRESS 301 Main St #1012 BRLA 70825
Street and No. City State Zip

MAILING ADDRESS same
Street and No. City State Zip

5. EMPLOYER AARP

6. EMPLOYER'S ADDRESS 601 E St NW Wash DC 20049
Street and No. City State 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 AARP
Address 601 E St NW Wash DC 20049
Business or purpose nonprofit advocacy & education

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

☑ Terminated Representation as of 8/11/2006

HAND DELIVERED

EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM

Executive Lobbyist Registration No.

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

_____
Signature of Lobbyist