EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

FOR OFFICE USE ONLY
Postmark Date: 7/27/07
Term

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SCANNED
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By: [illegible]

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CAMPAIGN FINANCE RECEIVED

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 Walsh (Last) Christina (First) (MI)

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

2. BUSINESS PHONE 703-682-9320 (Area Code) Phone Number

3. FAX PHONE 703-682-9321

4. BUSINESS ADDRESS 901 N. Glebe Road, Suite 900 Arlington, VA 22203 (Street and No.) (City) (State) (Zip)

MAILING ADDRESS 901 N. Glebe Road, Suite 900 Arlington, VA 22203 (Street and No.) (City) (State) (Zip)

5. EMPLOYER Institute for Justice

6. EMPLOYER'S ADDRESS 901 N. Glebe Road, Suite 900 Arlington, VA 22203 (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 Institute for Justice

Address 901 N. Glebe Road, Suite 900 Arlington, VA 22203

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of June 18, 2007

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

_____
Signature of Lobbyist