EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

Executive Lobbyist Registration No.

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.

FOR OFFICE USE ONLY
Postmark Date: 8/16/07
E - SUPP
MDD

SCANNED
AUG 16 2007
By: G

3070484

1. NAME WILLIAMS (Last) THOMAS (First) E (MI)

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

2. BUSINESS PHONE 225 939 5260 (Area Code) Phone Number

3. FAX PHONE 225 166 5055

4. BUSINESS ADDRESS 1132 WOODSTONE DRIVE (Street and No.) BATON ROUGE (City) LA (State) 70808 (Zip)

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

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ETHICS ADMINISTRATION
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5. EMPLOYER SELF EMPLOYED

6. EMPLOYER'S ADDRESS SAME (Street and No.) (City) (State) (Zip)

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

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 JONES WALKER

Address 8555 UNITED PLAZA BLVD BATON ROUGE LA 70809

Business or purpose CONSULTANT; LOBBYIST

☒ New Representation
Does this person pay you? YES

If No, who pays you? _____

☐ Terminated Representation as of _____

HAND DELIVERED

EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM

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.

Thomas E. Williams

Signature of Lobbyist