EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

Executive Lobbyist Registration No. 313

FOR OFFICE USE ONLY
Postmark Date: 10-9-07
Supp
3070570

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 Ryle Nicholas A.
Last First MI

NAME CHANGE _____
Last First MI

2. BUSINESS PHONE (202) 333-8190
(Area Code) Phone Number

3. FAX PHONE (202) 331-3809

4. BUSINESS ADDRESS 1223 Potomac St, NW Washington, DC 20007
Street and No. City State Zip

MAILING ADDRESS _____
Street and No. City State Zip

5. EMPLOYER Ryle & Assoc.

6. EMPLOYER'S ADDRESS Above
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 Kraft Foods Global, Inc.
Address c/o Tracy Mihai; 100 NE Columbia Blvd. Portland, OR 97211
Business or purpose Food Company

☐ New Representation
Does this person pay you? Yes
address change

If No, who pays you? _____

☐ Terminated Representation as of _____

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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