EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 2-29-08
term
ack
3071178

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 Grissom (Last) Steven (First) P. (MI)

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

2. BUSINESS PHONE 225-381-7145 (Area Code) Phone Number

3. FAX PHONE 225-336-4306

4. BUSINESS ADDRESS 564 Laurel St. (Street and No.) Baton Rouge (City) LA (State) 70801 (Zip)

MAILING ADDRESS 564 Laurel St. (Street and No.) Baton Rouge (City) LA (State) 70801 (Zip)

5. EMPLOYER Baton Rouge Area Chamber

6. EMPLOYER'S ADDRESS 564 Laurel St. (Street and No.) Baton Rouge (City) LA (State) 70801 (Zip)

7. Have you ceased or terminated all lobbying activities requiring registration? Yes X 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 Baton Rouge Area Chamber

Address 564 Laurel St. Baton Rouge LA 70801

Business or purpose economic development

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of Feb. 29, 2008

HAND DELIVERED

EXECUTIVE LOBBYING
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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