EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

FOR OFFICE USE ONLY
Postmark Date: 4/15/05
Supp-08

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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 Blache (Last) Ceal (First) J (MI)

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

2. BUSINESS PHONE (225) 989-7033 (Area Code) Phone Number

3. FAX PHONE (225) 988-4415

4. BUSINESS ADDRESS 8440 Jefferson Hwy, Ste. 301 Baton Rouge, LA 70809 (Street and No.) (City) (State) (Zip)

MAILING ADDRESS "Same as above" (Street and No.) (City) (State) (Zip)

5. EMPLOYER Rodci, Parsons, Koch, Blache, Balhoff, & McCollister

6. EMPLOYER'S ADDRESS "Same as 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 University Of New Orleans Foundation

Address 2021 Lakeshore Drive, Suite 305 No. 70122

Business or purpose Education

☑ New Representation
Does this person pay you? yes

If No, who pays you? _____

☐ Terminated Representation as of _____

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2) Name Veolia Transportation

Address 2015 Spring Road #750 - Oak Brook, IL 60523

Business or purpose Business Transportation

☑ New Representation
Does this person pay you? yes

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