EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

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Executive Lobbyist Registration No.

FOR OFFICE USE ONLY 6-25-08
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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, to add employers or those you represent. It must be submitted **within 10 days** of any terminations of employment or representations.

1. NAME Cohoon (Last) Derrell (First) D (MI)

NAME CHANGE _____

2. BUSINESS PHONE (225)921-9233 ext. _____ (Area Code and Phone Number)

3. FAX PHONE (225)363-6705

4. BUSINESS ADDRESS 714 N. 5th St. (Street and No.) Baton Rouge (City) LA (State) 70802- (Zip)

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

5. EMPLOYER Capitol Partners Capitol

6. EMPLOYER'S ADDRESS 714 N. 5th St. (Street and No.) Baton Rouge (City) LA (State) 70802- (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; (e) the date of termination if applicable.

STATE PARTNERS, LLC
on behalf of: EMC 2
P.O. Box 26310
AUSTIN, TX 78755
(512) 589-7685
CONTACT: TOM ACKLEN
BUSINESS: TECHNOLOGY APPLICATIONS
PAID BY THIS CLIENT

Form Ed. Dec 1996

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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