EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

FOR OFFICE USE ONLY
Postmark Date: 8-4-08
Term
ack ✓
3072082

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 PYLE (Last) NICHOLAS (First) A (MI)

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

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

3. FAX PHONE 337-3809

4. BUSINESS ADDRESS 1223 Potomac St NW (Street and No.) WASH (City) DC (State) 20007 (Zip)

MAILING ADDRESS PO Box 25001 (Street and No.) WASH (City) DC (State) 20027 (Zip)

5. EMPLOYER KRAFT FOODS GLOBAL #1000

6. EMPLOYER'S ADDRESS 975 F St NW (Street and No.) WASH (City) DC (State) 20004 (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 KRAFT FOODS GLOBAL

Address 975 F St. NW #1000 WASH DC 20004

Business or purpose FOOD Industry

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of 7/31/2008

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.

_____
Signature of Lobbyist