EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

646
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 8-15-08
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3072086

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 Russell III (Last) Robert (First) Weldon (MI)

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

2. BUSINESS PHONE 985-969-2208/985-748-8469 (Area Code) Phone Number

3. FAX PHONE 985-748-8684

4. BUSINESS ADDRESS One East Oak (Street and No.) Amite (City) La (State) 70422 (Zip)

MAILING ADDRESS PO Box 548 (Street and No.) Amite (City) La (State) 70422 (Zip)

5. EMPLOYER Bizard Edwards, Jr.

6. EMPLOYER'S ADDRESS 109 W Pine (Street and No.) Ponchatoula (City) La (State) 70454 (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 Bizard Edwards, Jr.
Address 109 W Pine Ponchatoula, La 70454
Business or purpose Lobby for settlement of lawsuit (Bouchereau Et al vs La DOTD)

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of 5/1/08

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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