# EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

462
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 8-27-08
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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 Rhoden (Last) Jerline (First) ___ (MI)

NAME CHANGE ___ (Last) ___ (First) ___ (MI)

2. BUSINESS PHONE 404-745-6159 (Area Code) Phone Number

3. FAX PHONE 866-570-4894

4. BUSINESS ADDRESS 754 Peachtree Street (Street and No.) Atlanta (City) GA (State) 30308 (Zip)

MAILING ADDRESS 754 Peachtree Street (Street and No.) Atlanta (City) GA (State) 30308 (Zip)

5. EMPLOYER AT&T

6. EMPLOYER'S ADDRESS 754 Peachtree Street (Street and No.) Atlanta (City) GA (State) 30308 (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 Jerline Rhoden

Address 754 Peachtree Street, Atlanta, GA 30308

Business or purpose ___

☐ New Representation
Does this person pay you? ___

If No, who pays you? ___

☑ Terminated Representation as of 8-27-08

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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. 49:7[illegible] et seq. has been deliberately omitted.

Jerline Gordon

Signature of Lobbyist