EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

13
Executive Lobbyist Registration No.

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.

FOR OFFICE USE ONLY
Postmark Date: 9/18/08
SUPP
3072113
Ack ✓

1. NAME Mangham (Last) Elizabeth (First) M (MI)

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

2. BUSINESS PHONE (225) 381-0166 (Area Code) Phone Number

3. FAX PHONE (225) 381-0163

4. BUSINESS ADDRESS 637 St. Ferdinand (Street and No.) Baton Rouge (City) LA (State) 70802 (Zip)

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

5. EMPLOYER Southern Strategy Group of LA, LLC

6. EMPLOYER'S ADDRESS 637 St. Ferdinand (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; and (e) the date of termination if applicable.

1) Name US Crisis, Inc

Address 15830 Foltz Industrial Parkway, Cleveland, OH 44149

Business or purpose First responder, crisis management

☒ New Representation
Does this person pay you? NO

If No, who pays you? Southern Strategy Group of LA, LLC

☐ Terminated Representation as of ___

HAND DELIVERED

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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