EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

376
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 01-2-09
term (12/31/08)

3072323

Instructions

1. Print in ink or type.
2. Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, or fax to (225) 763-8769. For information or assistance, call (225) 763-8777 or (800) 842-6630. No fee is required.
3. This form must be submitted within 5 days of any changes in your registration form or to add employers in those you represent. It must be submitted within 30 days of any termination of employment or representations.

1. NAME Lohman (Last) Russell (First) T (MI)

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

2. BUSINESS PHONE 318 484 4183 (Area Code) Phone Number

3. FAX PHONE 318 484 4145

4. BUSINESS ADDRESS 2605 Hwy 28 E (Street and No.) Pineville (City) LA (State) 71360 (Zip)

MAILING ADDRESS PO BOX 5000 (Street and No.) Pineville (City) LA (State) 71361-5000 (Zip)

5. EMPLOYER Cleco Power

6. EMPLOYER'S ADDRESS 2030 Donahue Ferry Rd (Street and No.) Pineville (City) LA (State) 71361 (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 aiding or attempting to influence; (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 Cleco Power
Address 2030 Donahue Ferry Rd, Pineville LA 71361
Business or purpose State, City, and Parish Projects

☐ New Representation
Does this person pay you? _____
If No, who pays you? _____

☑ Terminated Representation as of 12/31/2008

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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.

Russell T. Johnson
Signature of Lobbyist