§2133. Executive Lobbying Supplemental Registration

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[redacted]

EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM

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 employees or those you represent. It must be submitted within 10 days of any termination of employment or representations.

FOR OFFICE USE ONLY
Postmark Date: 1/5/09
TERM
3072324

1. NAME Norman (Last) John (First) G. (MI)

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

2. BUSINESS PHONE 704-334-6475 (Area Code) Phone Number

3. FAX PHONE 704-334-3542

4. BUSINESS ADDRESS 301 S. College St. #2920 Charlotte, NC 28202 (Street and No. / City / State / Zip)

MAILING ADDRESS Same as above (Street and No. / City / State / Zip)

5. EMPLOYER WEDGE Capital Management L.L.P.

6. EMPLOYER'S ADDRESS Same as above (Street and No. / City / State / 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 WEDGE Capital Management L.L.P.

Address 301 South College St., #2920 Charlotte, NC 28202

Business or purpose Investment Management

- New Representation
  Does this person pay you? _____

  If No, who pays you? _____

- Terminated Representation as of December 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.

_____
Signature of Lobbyist

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AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 30:2692 (December 2004), repromulgated LR 31:1239 (June 2005).