LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

2000

16

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-10-00

Reg
V# 73899
$ 10.00
KSD

1000119

Instructions

- Print in ink or type.
- Complete form and return with $10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Urbanowicz (Last) Eugene (First) P. (MI)

2. BUSINESSPHONE (504) 581-7979 (Area Code and Phone Number)

3. BUSINESS ADDRESS 701 Poydras Street - 50th Floor (Street and No.) New Orleans, LA (City) (State) 70139-5099 (Zip)

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

4. EMPLOYER Liskow & Lewis

5. EMPLOYER'S ADDRESS 701 Poydras Street - 50th Floor - New Orleans, LA 70139-5099 (Street and No.) (City) (State) (Zip)

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (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.

   1. Name Alton Ochsner Medical Foundation

      Address 1516 Jefferson Highway - New Orleans, LA 70121

      Business or purpose Medical Services, education and research

      Does this person pay you? Yes

      If No, who pays you?

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2. Name Louisiana Academy of Physician Assistants

Address 8550 United Plaza Blvd., Suite 1001 - Baton Rouge, LA 70809

Business or purpose Professional Association

Does this person pay you? Yes

If No, who pays you?

3. Name Louisiana Organ Procurement Agency

Address 3501 N. Causeway Blvd. - Suite 940 - Metairie, LA 70002-3626

Business or purpose Procurement agency for human organs and tissues for transplantation

Does this person pay you? Yes

If No, who pays you?

4. Name

Address

Business or purpose

Does this person pay you?

If No, who pays you?

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 the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

Form 500, Rev. 6/99