LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

#L477

FOR OFFICE USE ONLY
Postmark Date: 2-22-00
L Sugg
7695 rec'd 3-20-00
$10.00
KSD

1000877

Instructions

- Print in ink or type.
- Complete form and return with $10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Harper (Last) Patti (First) Thomas (MI)

2. BUSINESS PHONE 318-681-6702

3. BUSINESSADDRESS One St. Mary Place (Street and No.) Shreveport (City) La. (State) 71101 (Zip)

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

4. EMPLOYER Christus Health System

5. EMPLOYER'S ADDRESS 6363 North Hwy 161, Suite 450 (Street and No.) Irving (City) Tx. (State) 71101 (Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ✓ No ____

7. 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 Christus Schumpert Health
Address One St Mary Place, S'port, La 71101
Business or purpose Health Facility

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

☑ Terminated Representation as of 2-21-00

Form 501, Rev 9/99

4776
[redacted]

SUPPLEMENTAL REGISTRATION FORM

2. Name CHRISTUS Health System
Address 6363 North Hwy. 161, Suite 450, Irving, T. 75038
Business or purpose Health Care System
☑ New Representation
Does this person pay you? yes
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 the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Patti Harper
Signature of Lobbyist

Form 501, Rev. 8/99