LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

180

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-31-01

Reg
Ltr 5042
$10.00
KS

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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 Beckstrom (Last) Mark (First) W. (MI)

2. BUSINESSPHONE 504-842-3228 (Area Code and Phone Number)

3. BUSINESS ADDRESS 880 Commerce Road West, New Orleans, LA 70123 (Street and No. / City / State / Zip)

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

4. EMPLOYER Ochsner Medical Institutions

5. EMPLOYER'S ADDRESS 880 Commerce Road West, New Orleans, LA 70123 (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 Ochsner Clinic

Address 1514 Jefferson Highway, New Orleans, LA 70121

Business or purpose Health Care Services

Does this person pay you? Yes

If No, who pays you?

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Form 500 Rev 8/96

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2. Name Alton Ochsner Medical Foundation

Address 1516 Jefferson Highway, New Orleans, LA 70121

Business or purpose Health Care Services

Does this person pay you? Yes

If No, who pays you?

3. Name Ochsner Health Plan

Address One Galleria Blvd., Suite 1224, Metairie, LA 70001

Business or purpose Health Care Services

Does this person pay you? No

If No, who pays you? Ochsner Clinic and Alton Ochsner Medical Foundation

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

ATTACH
2" x 2"
PHOTOGRAPH
HERE
FOR
INITIAL
REGISTRATION
ONLY

Form 500, Rev 6/99