LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

900

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12/18/02

Rem
✓ # 312323 # 110 ##

1021683

Instructions

- Print in ink or type.
- Complete form and return with $110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 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 Countryman (Last) Clay (First) J. (MI)

2. BUSINESSPHONE (225) 389-3729 (Area Code and Phone Number)

3. BUSINESS ADDRESS 22nd Floor, ONe American Place, Baton Rouge, LA 70825 (Street and No. / City / State / Zip)

MAILING ADDRESS P.O. Box 3513 (Street and No.) Baton Rouge (City) LA (State) 70821-3513 (Zip)

4. EMPLOYER Kean, Miller, Hawthorne, D'Armond, McCowan & Jarman, L.L.P.

5. EMPLOYER'S ADDRESS Same as above (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 LMGMA (Louisiana Medical Group Management Association)

Address P.O. Box 37388 Shreveport, LA 71133-7388

Business or purpose Assist with health care legislation

Does this person pay you? Yes

If No, who pays you?

Form 500, Rev. 10/2002

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2. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

3. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

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

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

Form 500, Rev. 10/2009