LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

740

Lobbyist's Registration Numbe

FOR OFFICE USE ONL
Postmark Date: 12/20/0

Rem

✓ 8-16-7 #110-tl

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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 Hidalgo (Last) Don (First) P. (MI)

2. BUSINESSPHONE 225-927-0160 (Area Code and Phone Number)

3. BUSINESS ADDRESS 4637 Jamestown Ave. (Street and No.) Baton Rouge, LA (City) 70808 (State) (Zip)

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

4. EMPLOYER Health Associates, LLC

5. EMPLOYER'S ADDRESS Same (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 Louisiana Association of Substance Abuse Counselors

Address P.O. Box 80235 Baton Rouge, LA 70898

Business or purpose Professional Trade Organization

Does this person pay you? Yes

If No, who pays you?

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2. Name Choices of Louisiana

Address 141 Woodland Dr. LaPlace, LA 70068

Business or purpose Methadone Rehabilitation Clinic

Does this person pay you? Yes

If No, who pays you?

3. Name Louisian Association on Compulsive Gambling

Address 2000 Fairfield Ave. Shreveport, LA 71104

Business or purpose Professional Trade Organization

Does this person pay you? Yes

If No, who pays you?

4. Name Health Associates, LLC

Address 4637 Jamestown Ave. Baton Rouge, LA 70808

Business or purpose Behavioral Healtcare Organization

Does this person pay you? Yes

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.

Don P. Hedges

Signature of Lobbyist

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

Form 500, Rev. 10/2002