LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

855
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 2/12/03

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Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Drive, Third Floor Baton Rouge, Louisiana 70808. Phone (225)763-8777 or 1(800)842-6630. No fee is required.
- 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 Gascon (Last) Toby (First) M (MI)

2. BUSINESS PHONE 225-413-0001

3. BUSINESS ADDRESS 220 Gleason St (Street and No.) Bealy (City) LA (State) 70719 (Zip)

MAILING ADDRESS P.O. Box 44257 (Street and No.) BR (City) LA (State) 70804 (Zip)

4. EMPLOYER The Gascon Group, Inc.

5. EMPLOYER'S ADDRESS 220 Gleason St. (Street and No.) Bealy (City) LA (State) 70719 (Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ___ No X

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 University of Phoenix

Address 4615 E. Elwood St. Phoenix, AZ 85040

Business or purpose Higher Education

☐ New Representation
Does this person pay you? ___

If No, who pays you? ___

☒ Terminated Representation as of 2/7/03

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2. Name Oats & Assoc., LLC
Address PO Box 44081 BR, LA 70804
Business or purpose Gov. Consulting

☐ New Representation
Does this person pay you?

If No, who pays you?

☒ Terminated Representation as of 2/7/03

3. Name Tulane University Health Sciences Center
Address 1440 Canal Street, Suite 2400 TW5 NOLA 70112
Business or purpose Medical Institution

☐ New Representation
Does this person pay you?

If No, who pays you?

☒ Terminated Representation as of 2/7/03

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 501, Rev. 7/2001

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2. Name The Kingsley House

Address 914 Richard Street NO, LA 70130

Business or purpose Human Care Needs

☐ New Representation
Does this person pay you?

If No, who pays you?

☒ Terminated Representation as of 2/7/03

3. Name

Address

Business or purpose

☐ New Representation
Does this person pay you?

If No, who pays you?

☐ Terminated Representation as of

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Signature of Lobbyist

Form 501, Rev. 7/2001