LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

30 6
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 9/3/03

LSupp

102326

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (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 Tatman David M.
   Last First MI

2. BUSINESS PHONE 225-767-7640

3. BUSINESS ADDRESS 10889 Perkins Rd. Ste. C, Baton Rouge LA 70810
   Street and No. City State Zip

   MAILING ADDRESS P.O. Box 82631, Baton Rouge LA 70884
   Street and No. City State Zip

4. EMPLOYER The Tatman Group, LLC

5. EMPLOYER'S ADDRESS P.O. Box 82631, Baton Rouge, LA 70884
   Street and No. City State 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 Res Care Inc.

      Address 10140 Linn Station Road, Louisville KY 40223

      Business or purpose Health Care Provider

      ☐ New Representation
      Does this person pay you?_____

      If No, who pays you?_____

      ☒ Terminated Representation as of August 2003

Form 601, Rev. 10/2000

HAND DELIVERED

SUPPLEMENTAL REGISTRATION FORM

806
Lobbyist's Registration Number

2. Name_____

Address_____

Business or purpose_____

☐ New Representation
Does this person pay you?_____

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.

Signature of Lobbyist

Form 801, Rev. 10/2004