LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist Registration Number

FOR OFFICE USE ONLY
Postmark Date 03/30/04
SUPP

1040605

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 Koontz (Last) Julie (First) ____ (MI)

2. BUSINESS PHONE 225-767-7640

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

MAILING ADDRESS P.O. Box 82531 (Street and No.) Baton Rouge (City) LA (State) 70884-2531 (Zip)

4. EMPLOYER The Tatman Group, LLC

5. EMPLOYER'S ADDRESS P.O. Box 82531 (Street and No.) Baton Rouge (City) LA (State) 70884-2531 (Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ____ No ✓

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 The Tatman Group, LLC
   Address P.O. Box 82531 Baton Rouge LA 70884-2531
   Business or purpose Government Relations Consulting Firm

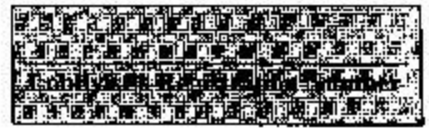
   ☐ New Representation
   Does this person pay you? ____

   If No, who pays you? ____

   ☑ Terminated Representation as of 3-31-04

Form 501 Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM



2. Name Louisiana Funeral Directors Association

Address 309 St. Landry St. Lafayette LA 70506

Business or purpose Professional Association

☐ New Representation

Does this person pay you?_____

If No, who pays you?_____

☑ Terminated Representation as of 3-31-04

3. Name Professional Insurance Agents of Louisiana

Address 8064 Summa Ave, Ste. C Baton Rouge LA 70809

Business or purpose Professional Association

☐ New Representation

Does this person pay you?_____

If No, who pays you?_____

☑ Terminated Representation as of 3-31-04

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.

Julie Kodritz

Signature of Lobbyist

Form 601, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

4. Name Association of Louisiana Bail Underwriters

Address 7909 Wrenwood Blvd., Ste. C Baton Rouge LA 70809

Business or purpose Professional Trade Association

☐ New Representation

Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 3-31-04

5. Name Louisiana Insurance Consultants

Address P.O. Box 82531 Baton Rouge LA 70884

Business or purpose Insurance Third Party Administrator

☐ New Representation

Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 3-31-04

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.

Julie Koontz

Signature of Lobbyist

Form 501, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

6. Name United States Tobacco Public Affairs

Address 7801 Mesquite Bend Dr. #101, Irving TX 78063

Business or purpose Smokeless Tobacco

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 3-31-04

7. Name Express Scripts, Inc.

Address 6625 West 78th St. Bloomington, MN 55439

Business or purpose Pharmacy Benefits

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 3-31-04

CERTIFICATION OF ACCURACY

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Julie Kante
Signature of Lobbyist

Form SR. Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

8. Name Louisiana Association of Wholesalers
Address P.O. Box 82531 Baton Rouge LA 70884
Business or purpose Professional Trade Association

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 3-31-04

9. Name Employers Workers Compensation
Address P.O. Box 82531 Baton Rouge LA 70884
Business or purpose Workers Compensation Self Insurance Fund

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 3-31-04

CERTIFICATION OF ACCURACY

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Julie Koon
Signature of Lobbyist

Form 501, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

10. Name Advance PCS

Address 750 W. John W. Carpenter Fwy. Ste 1200, Irving TX 75039

Business or purpose Pharmacy Benefits

☐ New Representation

Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 3-31-04

11. Name Louisiana Association of Rehabilitation Professionals

Address P.O. Box 91016-317 Baton Rouge LA 70821

Business or purpose Professional Trade Association

☐ New Representation

Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 3-31-04

CERTIFICATION OF ACCURACY

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Signature of Lobbyist

Form 501, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

12. Name Louisiana Independent Business Association

Address P.O. Box 82531 Baton Rouge LA 70884

Business or purpose Professional Association

☐ New Representation

Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 3-31-04

13. Name Louisiana Surplus Lines Association

Address P.O. Box 446 Mandeville LA 70470-0446

Business or purpose Professional Association

☐ New Representation

Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 3-31-04

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. 10/2002