LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

LOB862
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: ~~08/05/04~~
LSUPP 08/11/04

AMENDMENT

1040994

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 Taylor (Last) Harold (First) L. (MI)

2. BUSINESS PHONE 337 233 1307

3. BUSINESS ADDRESS 1340 Surrey St (Street and No.) Lafayette (City) LA (State) 70501 (Zip)

MAILING ADDRESS 252 Purple Dawn Dr (Street and No.) Sunset (City) LA (State) 70584 (Zip)

4. EMPLOYER Louisiana Health Care Group

5. EMPLOYER'S ADDRESS 1340 Surrey St (Street and No.) Lafayette (City) LA (State) 70501 (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 Louisiana Rural Electric Assoc.
   Address PO Box 90866 Lafayette LA 70509-0866
   Business or purpose Promote rural electric cooperatives

   ☐ New Representation
   Does this person pay you?_____

   If No, who pays you?_____

   ☒ Terminated Representation as of July 22, 2004

ETHICS ADMINISTRATION CAMPAIGN FINANCE RECEIVED 2004 AUG 12 PM 1:09

ETHICS ADMINISTRATION CAMPAIGN FINANCE RECEIVED 2004 AUG -5 PM 12:20

Form 861, Rev. 10/2002

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2004 AUG -5 PM 12:20
ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

Form 501, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

LOB 862
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.

Harold C Taylor
Signature of Lobbyist

Form 501, Rev. 10/2002

AMENDMENT

SUPPLEMENTAL REGISTRATION FORM

LOB 962
Lobbyist's Registration Number

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Address _____

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☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

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Harold C. Taylor
Signature of Lobbyist

Form 501, Rev. 10/08/99