# LOBBYING REGISTRATION FORM

**To be used for initial registrations and renewals.**

**FOR OFFICE USE ONLY**
Postmark Date: 12/06/04

Reg. 2005
J#018160
$110.00 W

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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 Dixon (Last) James (First) M. (MI)

2. BUSINESS PHONE 504-837-6266 (Area Code and Phone Number)

3. BUSINESS ADDRESS 2450 Severn Avenue, Suite 210 (Street and No.) Metairie (City) LA (State) 70001 (Zip)

   MAILING ADDRESS 2450 Severn Avenue, Suite 210 (Street and No.) Metairie (City) LA (State) 70001 (Zip)

4. EMPLOYER SHARECOR

5. EMPLOYER'S ADDRESS 2450 Severn Avenue, Suite 210 (Street and No.) Metairie (City) LA (State) 70001 (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 Hospital Association

      Address 9521 Brookline Avenue, Baton Rouge, LA 70809

      Business or purpose Hospital Association

      Does this person pay you? No

      If No, who pays you? SHARECOR

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2. Name Metropolitan Hospital Council of New Orleans

   Address 2450 Severn Ave., Suite 210, Metairie, LA 70001

   Business or purpose Hospital Association

   Does this person pay you? No

   If No, who pays you? SHARECOR

3. Name SHARECOR

   Address 2450 Severn Ave., Suite 210, Metairie, LA 70001

   Business or purpose Shared Services

   Does this person pay you? Yes

   If No, who pays you? _____

4. Name _____

   Address _____

   Business or purpose _____

   Does this person pay you? _____

   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.

Signature of Lobbyist

Form 300, Rev. 10/2002