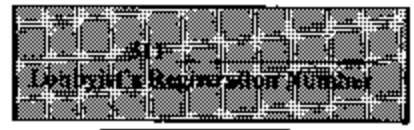
LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

2005

511
Lobbyist's Registration Number



FOR OFFICE USE ONLY
Postmark Date: 01/25/05
Ren. 2005
V# 26562
$110.00 WT

1050031

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 Cossé (Last) Clark (First) R. (MI)

2. BUSINESS PHONE (225) 928-0026 (Area Code and Phone Number)

3. BUSINESS ADDRESS 9521 Brookline Avenue (Street and No.) Baton Rouge (City) LA (State) 70809 (Zip)

   MAILING ADDRESS 9521 Brookline Avenue (Street and No.) Baton Rouge (City) LA (State) 70809 (Zip)

4. EMPLOYER Louisiana Hospital Association

5. EMPLOYER'S ADDRESS 9521 Brookline Avenue (Street and No.) Baton Rouge (City) LA (State) 70809 (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 Trade association that advocates for improvement of healthcare and to protect the resources of member hospitals

      Does this person pay you? Yes

      If No, who pays you?

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ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

Form 500, Rev. 1/2002

HAND DELIVERED

LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

2. Name_____

Address_____

Business or purpose_____

Does this person pay you?_____

If No, who pays you?_____

3. Name_____

Address_____

Business or purpose_____

Does this person pay you?_____

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

ATTACH
2" x 2"
PHOTOGRAPH
HERE
FOR
INITIAL
REGISTRATION
ONLY

Form 600, Rev. 10/2002