LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

2005 JAN 28

1215

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 01/28/05
Reg. 2005
J#1007
$110.00 CK

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 Broussard, Jr. (Last) David (First) H. (MI)

2. BUSINESS PHONE (225) 266-0890 (Area Code and Phone Number)

3. BUSINESS ADDRESS 2292 Hollydale Ave (Street and No.) Baton Rouge (City), LA (State) 70808 (Zip)

MAILING ADDRESS 2292 Hollydale Ave (Street and No.) Baton Rouge (City), LA (State) 70808 (Zip)

4. EMPLOYER Deborah Randolph & Associates, LLC.

5. EMPLOYER'S ADDRESS 1808 White St. (Street and No.) Alexandria (City), LA (State) 71301 (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 Deborah Randolph & Associates, LLC.

   Address 1808 White St. Alexandria, LA 71301

   Business or purpose Government Relations

   Does this person pay you? Yes

   If No, who pays you?

ETHICS ADMINISTRATION
CAMPAIGN FINANCE
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Form 409, Rev. 10/2002

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2. Name RAPIDES HEALTHCARE SYSTEM, L.L.C.

Address 3600 JACKSON STREET SUITE 123 ALEXANDRIA, LA 71303

Business or purpose ACUTE CARE HOSPITAL SYSTEM

Does this person pay you? NO

If No, who pays you? DEBORAH RANDOLPH & ASSOCIATES

3. Name ST. MARY'S RESIDENTIAL TRAINING FACILITY

Address P.O. DRAWER 7768 ALEXANDRIA, LA 71306

Business or purpose RESIDENTIAL TRAINING FACILITY FOR MENTALLY DISABLED

Does this person pay you? NO

If No, who pays you? DEBORAH RANDOLPH & ASSOCIATES

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 800, Rev. 10/2012