LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

[redacted]

FOR OFFICE USE ONLY
Postmark Date: 02/03/05
LSUPP

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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. FAX 225 763-8787
- 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 Paternostro (Last) Dino (First) D. (MI)

2. BUSINESS PHONE 504 527-6900

3. BUSINESS ADDRESS 601 Poydras Street, Suite 1700 (Street and No.) New Orleans (City) LA (State) 70130 (Zip)

MAILING ADDRESS same as above (Street and No.) (City) (State) (Zip)

4. EMPLOYER Greater New Orleans Inc.

5. EMPLOYER'S ADDRESS same as above (Street and No.) (City) (State) (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 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 Metropolitan Hospital Council of New Orleans
Address 4450 Severn Avenue Suite 410 Metairie LA 70001
Business or purpose Hospital Trade Association

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

☑ Terminated Representation as of 02-11-2005

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SUPPLEMENTAL REGISTRATION FORM

2. Name Greater New Orleans Inc.

Address 601 Poydras Street, Suite 1700 New Orleans, LA 70130

Business or purpose Economic Development Organization

☑ 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.

Signature of Lobbyist

Form 501, Rev. 10/2002