LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 08/12/05
TERM

2005 JUL 21 AM 11:15
RECEIVED

1051230

AMENDMENT

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 Viloria (Last) Randi (First) Taylor (MI)

2. BUSINESS PHONE 225 767 7440

3. BUSINESS ADDRESS 4707 Bluebonnet Blvd, Ste. B (Street and No.) Baton Rouge (City) LA (State) 70809 (Zip)

MAILING ADDRESS 643 Carol Marie Dr. #3 (Street and No.) Baton Rouge (City) LA (State) 70806 (Zip)

4. EMPLOYER The Tatman Group

5. EMPLOYER'S ADDRESS PO Box 82831 (Street and No.) Baton Rouge (City) LA (State) 70884 (Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes X 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 The Tatman Group
   Address 4707 Bluebonnet Blvd, Ste. B Baton Rouge LA 70809
   Business or purpose Government Relations Consulting Firm

   ☐ New Representation
   Does this person pay you?_____

   If No, who pays you?_____

   ☑ Terminated Representation as of 6-24-05

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RECEIVED

Form 501, Rev. 10/2002

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 07/20/05
SUPP

2005 JUL 21 AM 11:1[illegible]

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.
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1. NAME Viloria (Last) Randi (First) Taylor (MI)

2. BUSINESS PHONE _____

3. BUSINESS ADDRESS _____ (Street and No.) _____ (City) _____ (State) _____ (Zip)

MAILING ADDRESS 643 Carol Marie Dr. #3 (Street and No.) Baton Rouge (City) LA (State) 70806 (Zip)

4. EMPLOYER _____

5. EMPLOYER'S ADDRESS _____ (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 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 The Tatman Group
Address 4707 Bluebonnet Blvd, Ste. B Baton Rouge LA 70809
Business or purpose Government Relations Consulting Firm

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 6-24-05

Form 501, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name Louisiana Funeral Directors Association
Address 309 St. Landry St. Lafayette LA 70506
Business or purpose Professional Association

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 6-24-05

3. Name Professional Insurance Agents of Louisiana
Address 8064 Summa Ave. Ste C Baton Rouge LA 70809
Business or purpose Professional Association

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 6-24-05

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

AMENDMENT

SUPPLEMENTAL REGISTRATION FORM

2. Name Louisiana Funeral Directors Association
   Address 309 St. Landry St. Lafayette LA 70506
   Business or purpose Professional Association

   ☐ New Representation
   Does this person pay you? ____

   If No, who pays you? ____

   ☑ Terminated Representation as of 6-24-05

3. Name Professional Insurance Agents of Louisiana
   Address 8064 Summa Ave, Ste. C Baton Rouge LA 70809
   Business or purpose Professional Association

   ☐ New Representation
   Does this person pay you? ____

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Signature of Lobbyist

Form 501, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

Lobbyist Registration Form

4. Name Association of Louisiana Bail Underwriters
Address 7909 Wrenwood Blvd., Ste. C Baton Rouge LA 70809
Business or purpose Professional Trade Association

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

☑ Terminated Representation as of 6-24-05

5. Name Louisiana Insurance Consultants
Address P.O. Box 82531 Baton Rouge LA 70884
Business or purpose Insurance Third Party Administrator

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

☑ Terminated Representation as of 6-24-05

CERTIFICATION OF ACCURACY

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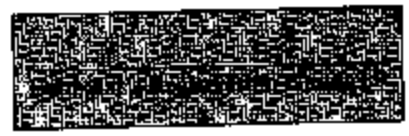
Signature of Lobbyist

Form 601, Rev. 10/2002

AMENDMENT

SUPPLEMENTAL REGISTRATION FORM



4. Name Association of Louisiana Bail Underwriters
Address 7909 Wrenwood Blvd, Ste. C Baton Rouge LA 70809
Business or purpose Professional Trade Association

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

☑ Terminated Representation as of 6-24-05

5. Name Louisiana Insurance Consultants
Address P.O. Box 82531 Baton Rouge LA 70884
Business or purpose Insurance Third Party Administrator

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

☑ Terminated Representation as of 6-24-05

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Signature of Lobbyist

Form 501, Rev. 10/2009

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

6. Name United States Tobacco Public Affairs
Address 7801 Mesquite Bend Dr. #101 Irving TX 75063
Business or purpose Smokeless Tobacco

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

☑ Terminated Representation as of 6-24-05

7. Name Louisiana Association of Plumbing-Heating-Cooling Contractors
Address P.O. Box 82531 Baton Rouge LA 70884
Business or purpose Professional Trade Association

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

☑ Terminated Representation as of 6-24-05

CERTIFICATION OF ACCURACY

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Signature of Lobbyist

Form 501, Rev. 10/2002

AMENDMENT

SUPPLEMENTAL REGISTRATION FORM

6. Name United States Tobacco Public Affairs
Address 7801 Mesquite Bend Dr. #101 Irving TX 75063
Business or purpose Smokeless Tobacco

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 6-24-05

7. Name Louisiana Association of Plumbing-Heating-Cooling Contractors
Address P.O. Box 82531 Baton Rouge LA 70884
Business or purpose Professional Trade Association

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 6-24-05

CERTIFICATION OF ACCURACY

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Signature of Lobbyist

Form 501, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

8. Name Express Scripts, Inc.
Address 6625 West 78th St. Bloomington MN 55439
Business or purpose Pharmacy Benefits

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 6-24-05

9. Name Louisiana Association of Wholesalers
Address P.O. Box 82531 Baton Rouge LA 70884
Business or purpose Professional Trade Association

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 6-24-05

CERTIFICATION OF ACCURACY

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Signature of Lobbyist

Form 501, Rev. 10/2002

AMENDMENT

SUPPLEMENTAL REGISTRATION FORM

8. Name Express Scripts, Inc.
Address 6625 West 78th St. Bloomington MN 55439
Business or purpose Pharmacy Benefits

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

☑ Terminated Representation as of 6-24-05

9. Name Louisiana Association of Wholesalers
Address P.O. Box 82531 Baton Rouge LA 70884
Business or purpose Professional Trade Association

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

☑ Terminated Representation as of 6-24-05

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Signature of Lobbyist

Form 501, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

10. Name Employers Workers Compensation
Address P.O. Box 82531 Baton Rouge LA 70884
Business or purpose Workers Comp Self Insurers Fund

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☑ Terminated Representation as of 6-24-05

11. Name Louisiana Association of Rehabilitation Professionals
Address 7932 Summa, Ste B-2 Baton Rouge LA 70809-3416
Business or purpose Professional Trade Association

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☑ Terminated Representation as of 6-24-05

CERTIFICATION OF ACCURACY

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Signature of Lobbyist

Form 801, Rev. 10/2002

AMENDMENT

SUPPLEMENTAL REGISTRATION FORM

10. Name Employers Workers Compensation
Address P.O. Box 82531 Baton Rouge LA 70884
Business or purpose Workers Comp Self Insurers Fund

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

☑ Terminated Representation as of 6-24-05

11. Name Louisiana Association of Rehabilitation Professionals
Address 7932 Summa, Ste. B-2 Baton Rouge LA 70809-3416
Business or purpose Professional Trade Association

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Does this person pay you? ____

If No, who pays you? ____

☑ Terminated Representation as of 6-24-05

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Signature of Lobbyist

Form 501, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

12. Name Louisiana Independent Business Association
Address P.O. Box 82531 Baton Rouge LA 70884
Business or purpose Professional Association

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 6-24-05

13. Name Diageo
Address 1301 K Street NW, Ste. 1000 East Tower, Washington DC 20005
Business or purpose Alcohol Supplier

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 6-24-05

CERTIFICATION OF ACCURACY

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Signature of Lobbyist

Form 50b, Rev. 10/2002

AMENDMENT

SUPPLEMENTAL REGISTRATION FORM

12. a. Name Louisiana Independent Business Association

Address P.O. Box 82531 Baton Rouge LA 70884

Business or purpose Professional Association

☐ New Representation

Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 6-24-05

13. a. Name Diageo

Address 1301 K Street NW, Ste. 1000 East Tower, Washington DC 20005

Business or purpose Alcohol Supplier

☐ New Representation

Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 6-24-05

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Signature of Lobbyist

Form 501, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

[redacted]

14 2. Name Louisiana Surplus Lines Association

Address P.O. Box 446 Mandeville LA 70470-0446

Business or purpose Professional Association

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 6-24-05

3. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

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Signature of Lobbyist

Form 501, Rev. 10/2002

AMENDMENT

SUPPLEMENTAL REGISTRATION FORM

14 2. Name Louisiana Surplus Lines Association

Address P.O. Box 446 Mandeville LA 70470-0446

Business or purpose Professional Association

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 6-24-05

3. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

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