LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

114
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 10/27/05

LSUPP

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 Basde (Last) Arwin (First) P. (MI)

2. BUSINESS PHONE 504-864-0280

3. BUSINESS ADDRESS 2503 Pine St (Street and No.) New Orleans (City) LA (State) 70125 (Zip)

MAILING ADDRESS Same (Street and No.) (City) (State) (Zip)

4. EMPLOYER Self

5. EMPLOYER'S ADDRESS Same (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 Vera Olds & Ass
   Address 650 N. 10th Street, Baton Rouge, LA 70806
   Business or purpose govt relations

   ☐ New Representation
   Does this person pay you?____

   If No, who pays you?____

   ☑ Terminated Representation as of 10-25-05

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Form 581, Rev. 10/2002

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2. Name LA Energy and Power Authority

Address 210 Venture Way, Lafayette, LA 70507

Business or purpose municipally owned wholesale power sales & services

☑ New Representation
Does this person pay you? Yes

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name Tulane University & Tulane University Health Sciences

Address 1440 Canal St, Ste 2400 New Orleans, LA 70112

Business or purpose higher education & health care educ & services

☑ New Representation
Does this person pay you? no

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.

Dennis P. Bosche
Signature of Lobbyist

Form 501, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

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2. Name: Home for the Incurables

Address: 612 Henry Clay New Orleans LA 70119

Business or purpose: non profit

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 10-25-05

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