LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbying Registration Number

FOR OFFICE USE ONLY
Postmark Date: 04/25/06
LSUPP

1000371

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 Tatman (Last) David (First) ____ (MI)

2. BUSINESS PHONE 225-767-7640

3. BUSINESS ADDRESS P.O. Box 82531 (Street and No.) Baton Rouge (City) LA (State) 70884 (Zip)

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

4. EMPLOYER The Tatman Group

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.

14. 1. Name Association of Health Information Outsourcing Services

Address P.O. Box 82531 Baton Rouge, LA 70884

Business or purpose Medical Records Vendor

☒ New Representation

Does this person pay you? NO

If No, who pays you? The Tatman Group

☐ Terminated Representation as of ____

Form 301, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

15. 2. Name Louisiana Motor Transport Association

Address P.O. Box 80278 Baton Rouge, LA 70898

Business or purpose Professional Association

☒ New Representation

Does this person pay you? NO

If No, who pays you? The Tartman Group

☐ 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