LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

498
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12/07/06
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CK# 009160
$110.00
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ETHICS ADMINISTRATION
CAMPAIGN FINANCE
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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 Robin (Last) DAN (First) A. (MI)

2. BUSINESS PHONE 985-893-0906 (Area Code and Phone Number)

3. BUSINESS ADDRESS 81125 Hwy 1129 (Street and No.) Covington (City) LA (State) 70435 (Zip)

MAILING ADDRESS 81125 Hwy 1129 (Street and No.) Covington (City) LA (State) 70435 (Zip)

4. EMPLOYER DAR Inc. d/b/a Robin + Associates

5. EMPLOYER'S ADDRESS 81125 Hwy 1129 (Street and No.) Covington (City) LA (State) 70435 (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 Jockey Guild

Address PO Box 150 Monrovia CA 91007

Business or purpose ~~Representation for Health & Welfare for the Jockeys~~ (Jockey Guild)

Does this person pay you? YES

If No, who pays you?

Form 800, Rev. 10/2002

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2. Name Louisiana Hospital Association

Address 9521 Brookline Ave. Baton Rouge LA. 70809-1431

Business or purpose Hospital Industry

Does this person pay you? YES

If No, who pays you? _____

3. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

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.

Dan A. Rebien

Signature of Lobbyist