LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

890

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12-8-06
Ren 2007
V#371171
$110.00
vomi

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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 Patterson (Last) Dickie (First) W. (MI)

2. BUSINESS PHONE 225-381-7009 (Area Code and Phone Number)

3. BUSINESS ADDRESS 301 N. Main St, Suite 830 (Street and No.) B.R. (City) LA (State) 70825 (Zip)

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

4. EMPLOYER Baker, Donelson, Bearman, Caldwell & Berkowitz

5. EMPLOYER'S ADDRESS same (Street and No.) (City) (State) (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 APS Healthcare, Inc.

Address 8403 Colesville Rd Silver Spring, MD 20910

Business or purpose Healthcare provider

Does this person pay you? yes

If No, who pays you? _____

ETHICS ADMINISTRATION
CAMPAIGN FINANCE
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Form 300, Rev. 10/2002

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2. Name Baker, Donelson, Bearman, Caldwell & Berkowitz
   Address 301 North Main street Suite 830 Baton Rouge, LA 70825
   Business or purpose law firm
   Does this person pay you? yes
   If No, who pays you?

3. Name Big Play Entertainment
   Address #2 Canal Street, World Trade Center, Suite 2925 New Orleans LA 70130
   Business or purpose Business development
   Does this person pay you? yes
   If No, who pays you?

4. Name First American Title Insurance Company
   Address 2075 Centre Pointe Blvd. Tallahassee, FL 32308
   Business or purpose Insurance
   Does this person pay you? yes
   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.

Signature of Lobbyist

ATTACH 2" x 2" PHOTOGRAPH HERE FOR INITIAL REGISTRATION ONLY

Form 500, Rev. 10/2002

LOBBYING REGISTRATION FORM

2. Name Fresenius Medical Care
   Address 95 Hayden Drive Lexington, MA 02420
   Business or purpose Health Care
   Does this person pay you? yes
   If No, who pays you?

3. Name Medtronic, Inc
   Address 1800 Pyramid Place Memphis, TN 38132
   Business or purpose medical devices
   Does this person pay you? yes
   If No, who pays you?

4. Name National Association of Public Insurance Adjusters
   Address 21165 Whitfield Place, 105 Potomac Falls, VA 20165
   Business or purpose Insurance adjusting
   Does this person pay you? yes
   If No, who pays you?

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Signature of Lobbyist

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FOR
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REGISTRATION
ONLY

Form 500, Rev. 10/2002

LOBBYING REGISTRATION FORM

2. Name Touro Infirmary
   Address 1401 Foucher Street New Orleans, LA 70115
   Business or purpose Health Care Service
   Does this person pay you? yes
   If No, who pays you?

3. Name River Road Films LLC.
   Address 424 LSU Ave. Baton Rouge, LA 70825
   Business or purpose Film Industry
   Does this person pay you? yes
   If No, who pays you?

4. Name USA Funds
   Address 2000 L St. NW Suite 402 Washington DC 20036
   Business or purpose student finance
   Does this person pay you? yes
   If No, who pays you?

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Dickie D Patterson
Signature of Lobbyist

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PHOTOGRAPH
HERE
FOR
INITIAL
REGISTRATION
ONLY

Form 500, Rev. 10/2012

LOBBYING REGISTRATION FORM

2. Name Gilsbar, Inc.

   Address 2100 Covington Centre, Covington, LA 70433

   Business or purpose Third Party Administrator

   Does this person pay you? yes

   If No, who pays you? _____

3. Name LA Alliance of YMCAs

   Address 1215 Prytania St., Suite 103 New Orleans, LA 70130

   Business or purpose YMCA

   Does this person pay you? yes

   If No, who pays you? _____

4. Name _____

   Address _____

   Business or purpose _____

   Does this person pay you? _____

   If No, who pays you? _____

CERTIFICATION OF ACCURACY

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Signature of Lobbyist

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Form 600, Rev. 10/2002