LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 4-16-07
SUPP
WM:
1070076
SCANNED
MAY 29 2007
By:

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) M (MI)

2. BUSINESS PHONE 225-767-7640

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

MAILING ADDRESS PO Box 82531 (Street and No.) Baton Rouge (City) LA (State) 70884 (Zip)

4. EMPLOYER The Tatman Group

5. EMPLOYER'S ADDRESS same as above (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.

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RECEIVED

1. Name Louisiana Independent Tire Dealers Association
Address PO Box 82531 Baton Rouge LA 70808
Business or purpose Professional Trade Association

☑ New Representation
Does this person pay you? no
If No, who pays you? The Tatman Group

☐ Terminated Representation as of _____

Form 101, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

[redacted]

2. Name Louisiana Counseling Association
Address 353 Leo Ave., Shreveport LA 71105
Business or purpose Professional Trade Association

☑ New Representation
Does this person pay you? NO

If No, who pays you? The Tatman Group

☐ Terminated Representation as of _____

3. Name Louisiana Gas Association
Address PO Box 82531 Baton Rouge LA 70884
Business or purpose Professional Trade Association

☑ New Representation
Does this person pay you? NO

If No, who pays you? The Tatman Group

☐ 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 801, Rev. 10/2002