LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

54
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 3/10/08
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Instructions

1. Print in ink or type.
2. 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.
3. 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 Chittom (Last) Kathy (First) A (MI)

2. BUSINESS PHONE 225 769-5520

3. BUSINESS ADDRESS 10636 Timberlake (Street and No.) BR (City) LA (State) 70810 (Zip)

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

4. EMPLOYER Chiropractic Association of LA

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.

new representation

1. Name Louisiana Health Freedom Coalition

Address 17429 Henry O'Neal Road, BR, LA 70817

Business or purpose To promote citizen access to a broad range of health care information and choice

☑ New Representation

Does this person pay you? yes

If No, who pays you?

☐ Terminated Representation as of

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2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ 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.

Kathy Chitton
Signature of Lobbyist

Form 501, Rev. 10/2002