LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals. Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-21-98
1980035
Reg

✓#53145
$10.00
SB

Instructions

- Print in ink or type.
- Complete form, have it notarized and return with $10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

1. NAME Urbanowicz (Last) F. (First) Peter (MI)
2. BUSINESS PHONE (504) 544-7227 (Area Code and Phone Number)
3. BUSINESS ADDRESS 201 St. Charles Avenue (Street and No.) New Orleans (City) LA (State) 70170-3400 (Zip)
4. EMPLOYER MCKROE & LEMANN
5. EMPLOYER'S ADDRESS 201 St. Charles Avenue Suite 3400 (Street and No.) New Orleans (City) LA (State) 70170-3400 (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 Alton Ochsner Medical Foundation
   Address 1516 Jefferson Highway- New Orleans, LA 70121
   Business or purpose Medical services, education and research
   Does this person pay you? Yes
   If No, who pays you?
2. Name Louisiana Academy of Physician Assistants
   Address 8550 United Plaza Blvd. - Suite 1001 - Baton Rouge, LA 70809
   Business or purpose Professional Association
   Does this person pay you? Yes
   If No, who pays you?

ATTACHMENT D-18

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3. Name Louisiana Organ Procurement Agency

Address 3501 N. Causeway Blvd. - Suite 940 - Metairie, LA 70002-3626

Business or purpose Procurement agency for human organs and tissues for transpla

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?

5. Name

Address

Business or purpose

Does this person pay you?

If No, who pays you?

State of LOUISIANA

Parish of ORLEANS

Before me, the undersigned authority, personally came and appeared E. Peter Urbanowicz, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Signature of Lobbyist

Sworn to and subscribed before me on this 2 day of January 19 98.

Cecile L. Gordon

Notary Public

Cecile L. Gordon
Notary Public
Parish of Orleans, State of Louisiana
My Commission is issued for Life

Rev. 8/97

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