

# 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.

311  
Lobbyist's Registration Number

## 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.

FOR OFFICE USE ONLY  
Postmark Date: 1-28-98

REG

1981176

✓ # 019814  
- \$ 10.00  
8\*

1. NAME Cosse<sup>1</sup> Clark R.  
Last First MI
2. BUSINESS PHONE (504) 928-0026  
Area Code and Phone Number
3. BUSINESS ADDRESS 9521 Brookline Avenue, Baton Rouge, LA 70809  
Street and No. City State Zip
4. EMPLOYER Louisiana Hospital Association
5. EMPLOYER'S ADDRESS 9521 Brookline Avenue, Baton Rouge, LA 70809  
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 Louisiana Hospital Association  
Address 9521 Brookline Avenue, Baton Rouge, LA 70809  
Business or purpose non-profit trade association  
Does this person pay you? yes  
If No, who pays you? \_\_\_\_\_
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

# LOBBYING REGISTRATION FORM

226
Lobbyist's Registration Number

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? \_\_\_\_\_

5. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

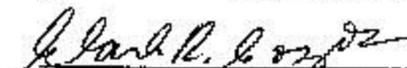
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

State of Louisiana

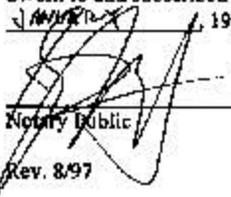
Parish of East Baton Rouge

Before me, the undersigned authority, personally came and appeared Clark R. Gosse, 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 27<sup>th</sup> day of

January, 1998.

  
Notary Public

Rev. 8/97

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

