

# 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, 1999

376  
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, (225) 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: 4-26-99

Reef

1990977

# 1352  
\$10.00  
KSD

99 APR 26 AID: 58

ETHICS DIVISION  
COMMUNICATIONS SECTION

1. NAME DUNCAN Rennie E.  
Last First MI

2. BUSINESS PHONE 225 765 7017  
Area Code and Phone Number

3. BUSINESS ADDRESS 2041 SILVERSIDE A. B.R., LA. 70808  
Street and No. City State Zip

4. EMPLOYER CATHOLIC HEALTH ASSOC. of LA.

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 MARY POUND PERKINS CANCER CENTER  
Address 5100 ESSEX LAKE, BATON ROUGE, LA.  
Business or purpose CANCER TREATMENT FACILITY  
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? \_\_\_\_\_

HAND DELIVERED

# LOBBYING REGISTRATION FORM

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 K B C

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

Kenneth D. Duvall  
Signature of Lobbyist

Sworn to and subscribed before me on this 11<sup>th</sup> day of MARCH, 1997

Clark C. Johnson  
Notary Public

Rev. 8/97

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

