EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF __2005__

(Fill in year.)

19

Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 01/25/05
Reg. 2005
V# 265602
$110.00 WT

3050015

Instructions

- Print in ink or type.
- Complete form and return with $110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME____Cosse_____ Clark_____R._
   Last First MI

2. BUSINESS PHONE_____(225) 928-0026_____
   Area Code and Phone Number

3. FAX NUMBER_____(225) 923-1004_____

4. BUSINESS ADDRESS_____9521 Brookline Avenue _____Baton Rouge_____LA_____70809_
   Street and No. City State Zip

   MAILING ADDRESS_____same as business_____
   Street and No. City State Zip

5. EMPLOYER_____Louisiana Hospital Association_____

6. EMPLOYER'S ADDRESS__9521 Brookline Avenue_____Baton Rouge____LA_____70809_____
   Street and No. City State Zip

7. 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_____

      Business or purpose____Trade association that advocates for improvement in healthcare & to protect hospital members resources _____

      Does this person pay you?___Yes__

      If No, who pays you?_____

ETHICS ADMINISTRATION
CAMPAIGN FINANCE
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2005 JAN 25 PM 4:41

HAND DELIVERED

EXECUTIVE LOBBYING REGISTRATION FORM

Executive Lobbyist Registration No.

2. Name_____

Address_____

Business or purpose_____

Does this person pay you?_____

If No, who pays you?_____

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?_____

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 LSA-R.S. 49:71 et seq. has been deliberately omitted.

Signature of Lobbyist