# EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

[redacted]

FOR OFFICE USE ONLY
Postmark Date 02/13/06
TERM

3060144

## Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, or fax to (225) 763-8787. For information or assistance, call (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted **within 5 days** of any changes in your registration form or to add employers or those you represent. It must be submitted **within 10 days** of any termination of employment or representations.

1. NAME Vinson (Last) Julie (First) A (MI)

NAME CHANGE _____ (Last) _____ (First) _____ (MI)

2. BUSINESS PHONE 225.246.8277 (Home) (Area Code) Phone Number

3. FAX PHONE N/A

4. BUSINESS ADDRESS N/A (Street and No.) _____ (City) _____ (State) _____ (Zip)

MAILING ADDRESS 850 N. 5th St. #110 (Street and No.), Baton Rouge (City), LA (State) 70802 (Zip)

5. EMPLOYER N/A

6. EMPLOYER'S ADDRESS N/A (Street and No.) _____ (City) _____ (State) _____ (Zip)

7. Have you ceased or terminated all lobbying activities requiring registration? Yes ✓ No ____

8. 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.

1) Name CHRISTUS Health

Address 6363 N. Highway 161, Suite 450, Irving, TX 75038

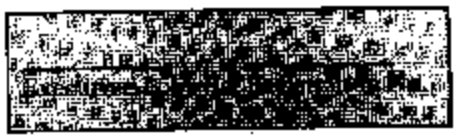
Business or purpose Hospitals, nursing homes, health care

☐ New Representation
Does this person pay you? Yes

If No, who pays you? _____

☑ Terminated Representation as of Jan. 6, 2006

# EXECUTIVE LOBBYING
# SUPPLEMENTAL REGISTRATION FORM



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

Julie L. Jurson
Signature of Lobbyist