EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM

521
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 9/27/06
X Supp 9/06

3061414

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 Patterson (Last) Dickie (First) Wayne (MI)

NAME CHANGE none (Last) (First) (MI)

2. BUSINESS PHONE 225-381-7009 (Area Code) Phone Number

3. FAX PHONE 225-343-3612

4. BUSINESS ADDRESS 301 North Main St, Suite 830 B.R. LA 70825 (Street and No.) (City) (State) (Zip)

MAILING ADDRESS Same (Street and No.) (City) (State) (Zip)

5. EMPLOYER Baker, Donelson, Bearman, Caldwell & Berkowitz

6. EMPLOYER'S ADDRESS Same (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 River Road Films LLC

Address 424 LSU Avenue Baton Rouge LA 70825

Business or purpose Film Industry

☑ New Representation
Does this person pay you? yes

If No, who pays you?_____

☐ Terminated Representation as of_____

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2) Name Baton Rouge Area Chamber

Address 564 Laurel St. Baton Rouge LA 70821

Business or purpose Chamber of Commerce

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☑ Terminated Representation as of 9/22/06

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.

[signature]
Signature of Lobbyist