Amendment(s) Attached

(E)

EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

84
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 6/19/07
Supp E
SS SCANNED
JUL 31 2007
By: (b)
3070176
(A) MDD 7/31/07

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) W. (MI)

NAME CHANGE N/A (Last) (First) (MI)

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

3. FAX PHONE 225-343-3412

4. BUSINESS ADDRESS 301 N. Main St., Suite 810 (Street and No.) Baton Rouge (City), LA (State) 70825 (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 American Medical Response
Address 6200 South Syracuse Way #200 Greenwood Village, CO 80111
Business or purpose Private ambulance service

☑ New Representation
Does this person pay you? Yes
If No, who pays you? ____

☐ Terminated Representation as of ____

2007 JUN 19 PM 1:23

2007 OCT -5 PM 3:15

E

EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

84
Executive Lobbyist Registration No.

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.

FOR OFFICE USE ONLY
Postmark Date: 6/19/07
Supp E
SS
SCANNED
JUL 31 2007
By: (Jm)
3070176
(A) MDD 7/31/07

COPY

1. NAME Patterson (Last) Dickie (First) W. (MI)

NAME CHANGE N/A (Last) (First) (MI)

AMENDMENT

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

3. FAX PHONE 225-343-3612

4. BUSINESS ADDRESS 301 N. Main St., Suite 810 Baton Rouge, 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.

I) Name American Medical Response

Address 6200 South Syracuse Way #200 Greenwood Village, CO 80111

Business or purpose Private ambulance service

☑ New Representation
Does this person pay you? yes

If No, who pays you? _____

☐ Terminated Representation as of _____

2007 JUN 19 PM 1:23
ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM

84

AMENDMENT

2) Name Peoples Health

Address 3838 N. Causeway Blvd., Suite 2200, Three Lakeway Center, Metairie, LA 7000

Business or purpose Health Insurance Company

INFORMATION ADDED: Dickie Patterson 4 Oct 07

☑ New Representation
Does this person pay you? yes

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.

Dickie Patterson

Signature of Lobbyist

EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM

84
Executive Lobbying Registration No.

2) Name Peoples Health

Address 3838 N. Causeway Blvd., Suite 2200, Three Lakeway Center, Metairie, LA 70002

Business or purpose Health Insurance Company ?

INFORMATION ADDED: Dickie Patterson 4 Oct 07

☑ New Representation
Does this person pay you? yes

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.

Dickie Patterson
Signature of Lobbyist