(E)

EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

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: 3-16-07
ESUPP
WMI

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

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

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 Buker, 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 Franciscan Missionaries of Our Lady (FMOL)

Address 4200 Essen Lane Baton Rouge, LA 70809

Business or purpose Health Care

☑ New Representation
Does this person pay you? Yes

If No, who pays you? _____

☐ Terminated Representation as of _____

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ETHICS ADMINISTRATION CAMPAIGN FINANCE RECEIVED

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2) Name Health Pathways, Inc.

Address 12800 Middlebrook Road, Suite 210 Germantown, MD 20874

Business or purpose Healthcare

☑ 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.

Signature of Lobbyist