EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

84
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 1/17/08

Supp-08

3070839

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 225-343-3612

4. BUSINESS ADDRESS 301 North 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 Health Pathways

Address 12800 Middlebrook Road, Ste. 210 Germantown, MD 20874

Business or purpose Healthcare

☐ New Representation
Does this person pay you?___

If No, who pays you?___

☑ Terminated Representation as of 1/17/08

EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM

84
Executive Lobbyist Registration No.

2) Name National Federation of Independent Businesses
Address 53 Century Blvd., Ste 300 Nashville, TN 37214
Business or purpose Advocacy Organization

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☑ Terminated Representation as of 1/17/08

3) Name Worldwide Interactive Network (WIN)
Address 1000 Waterford Place Kingston, TN 37763
Business or purpose workforce development

☐ 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

EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM

2) Name Peoples Health

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

Business or purpose Healthcare

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☑ Terminated Representation as of 1/17/08

3) Name APS Healthcare, Inc

Address 8403 Colesville Road, Silver Spring, MD 20910

Business or purpose Healthcare

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☑ Terminated Representation as of 1/17/08

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

EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM

2) Name First American Title Insurance Company
Address 2075 Centre Pointe Blvd. Tallahassee, FL 32308
Business or purpose Insurance

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 1/17/08

3) Name USA Funds
Address 2000 L St., NW, Suite 402 Washington DC 20036
Business or purpose student financing

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 1/17/08

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

EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM

Executive Lobbyist Registration No.

3785

2) Name Jupiter Interest, Inc.

Address 5721 Magazine St. New Orleans, LA 70115

Business or purpose investment Company

☑ 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.

Jacob W Patton

Signature of Lobbyist