EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2008

(Fill in year.)

735
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 4/7/08

Reg. 08
CK# 1026
$110.00

3071432

Instructions

- Print in ink or type.
- Complete form and return with $110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Dupuy, Benjamin A.
Last First MI

2. BUSINESS PHONE (202) 337-1661
Area Code and Phone Number

3. FAX NUMBER (202) 337-0019

4. BUSINESS ADDRESS 3128 M Street NW Washington, D.C. 20007
Street and No. City State Zip

MAILING ADDRESS same
Street and No. City State Zip

5. EMPLOYER Cypress Advocacy, LLC

6. EMPLOYER'S ADDRESS same
Street and No. City State Zip

7. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (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.

1. Name Advantage Capital Partners

Address 909 Poydras Street, Suite 2230, New Orleans, LA 70112

Business or purpose small business financing

Does this person pay you? Yes

If No, who pays you?

EXECUTIVE LOBBYING REGISTRATION FORM

Executive Lobbyist Registration No. _____

2. Name River Region Health System

Address 2100 Highway 61 North, Vicksburg, MS 39183

Business or purpose hospital operator

Does this person pay you? Yes

If No, who pays you? _____

3. Name Cypress Realty Partners, LLC

Address 251 Florida Street, Suite 210, Baton Rouge, LA 70801

Business or purpose real estate development

Does this person pay you? Yes

If No, who pays you? _____

4. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

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