EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

84
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 7-2-08
Supp- Exc

3071591

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 employees 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 NA (Last) (First) (MI)

2. BUSINESS PHONE 225-381-7909 (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 Natchitoches Regional Medical Center
Address 501 Keyser Ave. Natchitoches, LA 71457
Business or purpose Health care Service

☑ New Representation
Does this person pay you? yes

If No, who pays you? ____

☐ Terminated Representation as of ____

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2) Name American Heart Association

Address 4962 Florida Blvd. Suite 402 Baton Rouge, LA 70806

Business or purpose Health Agency

☐ New Representation
Does this person pay you?____

If No, who pays you?____

☑ Terminated Representation as of July 1, 2008

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