

**EXECUTIVE LOBBYING  
REGISTRATION/ RENEWAL FOR  
THE YEAR OF 2005**

(Fill in year.)

Executive Lobbyist Registration No. 105

**FOR OFFICE USE ONLY**

Postmark Date: 04/26/05

Reg. 2005

# 649

\$110.00 W/G

**3050058**

**Instructions**

- ! Print in ink or type.
- ! Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> 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 Vinson Julie A  
Last First Initial

2. BUSINESS PHONE 225-252-1394  
Area Code and Phone Number

3. FAX NUMBER N/A

4. BUSINESS ADDRESS 6363 N. Highway 161, Suite 450, Irving, TX 75038  
Street and No. City State Zip

MAILING ADDRESS 6363 N. Highway 161, Suite 450, Irving, TX 75038  
Street and No. City State Zip

5. EMPLOYER CHRISTUS Health

6. EMPLOYER'S ADDRESS 6363 N. Highway 161, Suite 450, Irving, TX 75038  
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 CHRISTUS Health

Address 6363 N. Highway 161, Suite 450, Irving, TX 75038

Business or purpose Hospitals, nursing homes, health care

Does this person pay you? Yes

If No, who pays you? \_\_\_\_\_

**HAND DELIVERED**

PH 4:09  
REGISTRATION  
FINANCE  
DIVISION

**EXECUTIVE LOBBYING  
REGISTRATION FORM**



2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
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.

*Julie L. Jinsor*  
Signature of Lobbyist

