LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals

Lobbyist's Registration Number
0414

FOR OFFICE USE ONLY
Postmark Date: 1-31-00
Reg
#: 22848
$10.00
KSD

1000700

Instructions

- Print in ink or type.
- Complete form and return with $10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 922-1400 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 FROST (Last) GREGORY (First) D. (MI)

2. BUSINESSPHONE 225-929-7033 (Area Code and Phone Number)

3. BUSINESS ADDRESS 8440 Jefferson Highway, Suite 301, Baton Rouge LA 70809 (Street and No. City State Zip)

MAILING ADDRESS SAME AS ABOVE (Street and No. City State Zip)

4. EMPLOYER Roedel, Parsons, Koch, Frost, Balhoff & McCollister

5. EMPLOYER'S ADDRESS SAME AS ABOVE (Street and No. City State Zip)

6. 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 SEE ATTACHED LISTING

Address

Business or purpose

Does this person pay you?

If No, who pays you?

Form 500, Rev. 6/99

HAND DELIVERED

LOBBYING REGISTRATION FORM

Lobbyist's Registration Number
9414

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 the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

Sworn to and subscribed before me this day of

_____, 1999

Notary Public

Form 500, Rev. 6/99

LOBBYING LIST FOR GREGORY D. FROST ** Paying Client

**	COLUMBIA/HCA HEALTHCARE CORPORATION 1440 Canal Street, Suite 1901 New Orleans, LA 70112	Healthcare
	HEALTHCARE PROVIDER MANAGEMENT P. O. Box 66776 Baton Rouge, LA 70896	Healthcare
**	LOUISIANA HEALTH INFORMATION MGMT. ASSOC. 2613 Birchwood Drive Monroe, LA 71201	Healthcare
**	LOUISIANA PSYCHOLOGICAL ASSOCIATION Post Office Box 66924 Baton Rouge, LA 70896	Healthcare
	ROEDEL, PARSONS, KOCH, FROST, BALLHOFF & MCCOLLISTER 8440 Jefferson Highway, Suite 301 Baton Rouge, LA 70809	Legal/General