* NOTIFICATION OF CHANGE IN ADDRESS *

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

#790

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 5-10-00
L Supp
1#= 1154
$10.00 rec'd 5-18-00
KSD

1000996

Instructions

- Print in ink or type.
- Complete form and return with $10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Bondy, Jr. (Last) David (First) J. (MI)

2. BUSINESS PHONE (225) 389-9480

3. BUSINESS ADDRESS 2351 Energy Drive, Ste. 2000, Baton Rouge, LA 70808 (Street and No. / City / State / Zip)

   MAILING ADDRESS 2351 Energy Drive, Ste. 2000, Baton Rouge, LA 70808 (Street and No. / City / State / Zip)

4. EMPLOYER SJF Consultants of Louisiana, Inc.

5. EMPLOYER'S ADDRESS 2351 Energy Drive, Ste. 2000, Baton Rouge, LA 70808 (Street and No. / City / State / Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes____ No X

7. 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 Louisiana United Businesses Self Insurers Fund

      Address P. O. Box 98049, Baton Rouge, LA 70898-9049

      Business or purpose Workers' Compensation Self Insurers Fund

      ☐ New Representation
      Does this person pay you? NO

      If No, who pays you? N/A

      ☐ Terminated Representation as of

Form 501, Rev. 6/99

SUPPLEMENTAL REGISTRATION FORM

#790
Lobbyist's Registration Number

2. Name_____

Address_____

Business or purpose_____

☐ New Representation
Does this person pay you?_____

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

_____
Signature of Lobbyist

Form 501, Rev. 6/00