LOBBYING SUPPLEMENTAL REGISTRATION FORM
To be used for changes to registrations and terminations.

111
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 5-3-01

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 Caballero (Last) Dennis (First) P. (MI)

2. BUSINESS PHONE (225) 755-0606

3. BUSINESS ADDRESS 14551 Highland Road (Street and No.) Baton Rouge (City) LA (State) 70810 (Zip)

MAILING ADDRESS 14551 Highland Road (Street and No.) Baton Rouge (City) LA (State) 70810 (Zip)

4. EMPLOYER SFH

5. EMPLOYER'S ADDRESS 14551 Highland Road (Street and No.) Baton Rouge (City) LA (State) 70810 (Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ___ No ✓

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 Health Service & Indemnity Company d/b/a Blue Cross and Blue Shield of Louisiana
Address 5525 Reitz Avenue, Baton Rouge, LA 70809

Business or purpose Health Insurance

☒ New Representation
Does this person pay you? Yes

If No, who pays you? ___

☐ Terminated Representation as of ___

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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. 6/95