LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

818
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 11/6/01

LSUPP

1011539

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630. No fee is required.
- 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 Brossard (Last) Lynne (First) _____ (MI)

2. BUSINESS PHONE 225 295 7204

3. BUSINESS ADDRESS 5525 Reitz Ave (Street and No.) BR (City) LA (State) 70809 (Zip)

MAILING ADDRESS _____ (Street and No.) _____ (City) _____ (State) _____ (Zip)

4. EMPLOYER BCBSLA

5. EMPLOYER'S ADDRESS Same (Street and No.) _____ (City) _____ (State) _____ (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 Society for Human Resource Mgmt

Address _____

Business or purpose Non-profit professional org

☐ New Representation
Does this person pay you? NO

If No, who pays you? _____

☑ Terminated Representation as of 12/31/01

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2. Name Greater B.R. Society for Human Resource Mgmt

Address

Business or purpose Non-profit professional organization

☐ New Representation
Does this person pay you? NO

If No, who pays you? BCBSLA

☑ Terminated Representation as of 12/31/01

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. 10/99