LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

3000

#790
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 10-2-99

1991606

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 525 Florida Street, Suite 400, Baton Rouge, LA 70801
Street and No. City State Zip

MAILING ADDRESS 525 Florida Street, Suite 400, Baton Rouge, LA 70801
Street and No. City State Zip

4. EMPLOYER SIF Consultants of Louisiana, Inc.

5. EMPLOYER'S ADDRESS 525 Florida Street, Suite 400, Baton Rouge, LA 70801
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 3598, Baton Rouge, LA 70821-3598

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 601, Rev. 6-98

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. 6/99