

Lobbyist Registration Form
Louisiana Board of Ethics



Demographic Information:

Title: Mrs.

Lobbyist ID: LB00000108

First Name: Gabriela

Last Name: Saenz

Middle Name: Moreno

Change First Name: _____

Change Last Name: _____

Change Middle Name: _____

Branch: Leg and Exec

Address Information:

Street: 823 Congress Ave, #800

City: Austin

State: Texas

Zip Code: 78701

Email: g.saenz@christushealth.org

Phone: 512-536-1430 Ext: _____

Fax: _____

Employer Information:

Employer Name: CHRISTUS Health

Address Information:

Street: 823 Congress, Suite 800

City: Austin, Texas 78701

State: Texas

Zip Code: 78701

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Information about person, group or organization which you represent:

Representative Name : CHRISTUS Health

Branch: Leg and Exec

Business Description : Healthcare services

Address: Street: 823 Congress, Suite 800

City: Austin

State: Texas

Zip Code: 78701

Paid by representation: Yes

Payment Category: \$50,000 - \$99,999

If **No**, who pays you:

Subject Matter 1: Health care: hospitals; nursing homes; elderly care; hospice

Subject Matter 2: Health care: physicians; nurse practitioners; nurses

Subject Matter 3:

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Picture:

