

Lobbyist Registration Form
Louisiana Board of Ethics



Demographic Information:

Title: Mr.

Lobbyist ID: LB00000381

First Name: Stephen Last Name: Glusman Middle Name: Winston

Change First Name: _____ Change Last Name: _____ Change Middle Name: _____

Branch: Leg

Address Information:

Street: P. O. Box 2711

City: Baton Rouge State: Louisiana Zip Code: 70821

Email: sglusman@bellsouth.net

Phone: 225-387-5551 Ext: _____

Fax: 225-387-5561

Employer Information:

Employer Name: Glusman, Broyles & Glusman, LLC

Address Information:

Street: P. O. Box 2711

City: Baton Rouge State: Louisiana Zip Code: 70821

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Information about person, group or organization which you represent:

Representative Name : Louisiana Association of Self Insured Employers

Branch: Leg

Business Description : Self Insurance Trade Association

Address: Street: Post Office Box 4151

City: Baton Rouge

State: Louisiana

Zip Code: 70821

Paid by representation: No

Payment Category: \$24,999 or less

If **No**, who pays you: No one.

Subject Matter 1: Insurance

Subject Matter 2:

Subject Matter 3:

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Picture:

