LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number 671

FOR OFFICE USE ONLY
Postmark Date: 03/29/02
LSUPP

1000827

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 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 Pierre (Last) Markey (First) W. (MI)

2. BUSINESS PHONE (318) 675-0116

3. BUSINESS ADDRESS 401 Market St., Ste 550, Shreveport LA 71101
Street and No. City State Zip

MAILING ADDRESS Same
Street and No. City State Zip

4. EMPLOYER Southern Strategy Group

5. EMPLOYER'S ADDRESS 637 St. Ferdinand Baton Rouge LA 70802
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 Southern Strategy Group LA
Address 637 St. Ferdinand Baton Rouge LA 70802
Business or purpose governmental relations

☑ New Representation
Does this person pay you? Yes

If No, who pays you? ___

☐ Terminated Representation as of ___

Form 505, Rev. 10/2002

HAND DELIVERED

SUPPLEMENTAL REGISTRATION FORM

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. 10/2002