LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 04/10/06
LSUPP

1060857

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) M. (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 NLA

5. EMPLOYER'S ADDRESS 401 Market St., Ste 550, Shreveport LA 71101 (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 Judicial Expense fund of Parish of Orleans for Civil District Court, 1st and 2nd City Court

Address 421 Loyola Ave, Room 320, New Orleans, LA 70112

Business or purpose judiciary

☑ New Representation
Does this person pay you? yes

If No, who pays you? ___

☐ Terminated Representation as of ___

Form 609, Rev. 10/2002

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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 001, Rev. 10/2002