

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

**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 termination of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 11/7/06

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ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED1. NAME Mckearn Kristy Gt.
Last First MI2. BUSINESS PHONE 225-381-70283. BUSINESS ADDRESS 301 N. Main St, Suite 830 B.R., LA 70825
Street and No. City State ZipMAILING ADDRESS same
Street and No. City State Zip4. EMPLOYER Baker, Donelson, Bearman, Caldwell & Berkowitz5. EMPLOYER'S ADDRESS same
Street and No. City State Zip6. 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 USA Funds
Address 2000 L St, NW Suite 402 Washington, DC 20036
Business or purpose student financing New Representation
Does this person pay you? yes

If No, who pays you? _____

 Terminated Representation as of _____



SUPPLEMENTAL REGISTRATION FORM

2. Name Gilshar, Inc.
Address 2100 Corington Centre Corington, LA 70433
Business or purpose Third party administrator
 New Representation
Does this person pay you? yes
If No, who pays you? _____
 Terminated Representation as of _____

3. Name Louisiana Alliance of YMCAs
Address 1215 Prytania St., Ste 103 New Orleans, LA 70130
Business or purpose YMCA
 New Representation
Does this person pay you? yes
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