LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist Registration Number

FOR OFFICE USE ONLY
Postmark Date: 5/2/07
LSUPP

SCANNED
MAY 09 2007
By: [illegible]
10701[illegible]

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 McKearn (Last) Kristy (First) G. (MI)

2. BUSINESS PHONE 225-381-7028

3. BUSINESS ADDRESS 301 North Main St, Suite 810 B.R. LA 70825 (Street and No. / City / State / Zip)

MAILING ADDRESS Same (Street and No. / City / State / Zip)

4. EMPLOYER Baker, Donelson, Bearman, Caldwell & Berkowitz

5. EMPLOYER'S ADDRESS Same (Street and No. / City / State / Zip)

2007 MAY -3 PM 12:42
ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

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 Medtronic Sofamor Danek

Address 1800 Pryramid Place Memphis, TN 38132

Business or purpose Medical Devices

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

☑ Terminated Representation as of 5/1/07

Form 601, Rev. 10/2002

✓

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name National Federation of Independent Business (NFIB)

Address 53 Century Blvd., Suite 250 Nashville, TN 37214

Business or purpose Advocacy Organization

☑ New Representation

Does this person pay you? yes

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 801, Rev. 10/2002