EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

272
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 04/10/08
XSUPP

3060479

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, or fax to (225) 763-8787. For information or assistance, call (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 or to add employers or those you represent. It must be submitted **within 10 days** of any termination of employment or representations.

1. NAME: Pierre (First) Markey (Last) W. (MI)

NAME CHANGE: _____ (Last) _____ (First) _____ (MI)

2. BUSINESS PHONE: 318-675-0116 (Area Code) Phone Number

3. FAX PHONE: 318-675-0117

4. BUSINESS ADDRESS: 401 Market Street, Ste 550 (Street and No.), Shreveport (City), LA (State) 71101 (Zip)

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

5. EMPLOYER: Southern Strategy Group NLA

6. EMPLOYER'S ADDRESS: 401 Market Street (Street and No.), Ste 550 (City), Shreveport (State), LA (Zip) 71101

7. Have you ceased or terminated all lobbying activities requiring registration? Yes ____ No ____

8. 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 Dist. Court 1st and 2nd City Courts

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 505, Rev. 7/04

EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM

Executive Lobbyist Registration No.

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 LSA-R.S. 49:71 et seq. has been deliberately omitted.

Signature of Lobbyist