EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

[redacted]

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.

FOR OFFICE USE ONLY
Postmark Date: 11/7/06
X Supp

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

NAME CHANGE None (Last) (First) (MI)

2. BUSINESS PHONE 225-381-7028 (Area Code) Phone Number

3. FAX PHONE 225-343-3612

4. BUSINESS ADDRESS 301 N. Main St, Suite 830 B.R. LA 70825 (Street and No.) (City) (State) (Zip)

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

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

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

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 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 ____

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CAMPAIGN FINANCE
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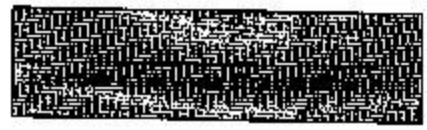
EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM



2) Name Gilsbar, Inc.

Address 2100 Covington Centre Covington, 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 YMCA's

Address 1215 Prytania Street, 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 LSA-R.S. 49:71 et seq. has been deliberately omitted.

Signature of Lobbyist