**EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM**

272
**Executive Lobbyist Registration No.**

**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: 5/7/07
Suppl-E

2007 MAY -7 PM 3:23
ETHICS ADMINISTRATION CAMPAIGN FINANCE RECEIVED

SCANNED
JUL 0 9 2007
By: 3070109
6/21/07 MDO

1. NAME Pierre' (Last) Markey (First) 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 Ste. 550 (Street and No.) Shreveport (City), LA (State) 71101 (Zip)

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

5. EMPLOYER Southern Strategy Group - NLA

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

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

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 Broadway South, LLC

Address 201 St. Charles Ave, New Orleans, LA 70170

Business or purpose arts and entertainment

☒ New Representation
Does this person pay you? yes

If No, who pays you? _____

☐ Terminated Representation as of _____



HAND DELIVERED

**EXECUTIVE LOBBYING**
**SUPPLEMENTAL REGISTRATION FORM**

272
**Executive Lobbyist Registration No.**

2) Name LA Association on Compulsive Gambling
Address [redacted] 324 Texas Street, Shreveport, LA 71101
Business or purpose treatment facility

☒ New Representation
Does this person pay you? yes

If No, who pays you? _____

☐ Terminated Representation as of _____

3) Name Petrosun Independence Bowl
Address 401 Market, Ste 120, Shreveport, LA 71101
Business or purpose sports organization

☒ 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.

Mark St. Pierre
**Signature of Lobbyist**