# EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

95
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
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1. NAME McKean (Last) Kristy (First) G. (MI)

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

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

3. FAX PHONE 225-343-3612

4. BUSINESS ADDRESS 301 North Main St, Suite 810 (Street and No.) B.R. (City) LA (State) 70825 (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 Medtronic Sofamor Danek

Address 1800 Pyramid 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

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

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

**Signature of Lobbyist**