(E)

EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

95
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 6/12/07
Supp E
SS

3070119

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

NAME CHANGE N/A (Last) (First) (MI)

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

3. FAX PHONE 343-3612

4. BUSINESS ADDRESS 301 N Main St, Suite 810 BR, 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 Lady of the Sea Hospital

Address 200 W. 134th Place Cut Off, LA 70345

Business or purpose Hospital Services

☑ New Representation
Does this person pay you? Yes

If No, who pays you?_____

☐ Terminated Representation as of ____

EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM

95
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