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EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

95
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 6/18/07
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By:

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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 225-343-3612

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 American Medical Response
Address 6200 South Syracuse Way #200 Greenwood Village, Co 80111
Business or purpose private ambulance service

☑ New Representation
Does this person pay you? yes

If No, who pays you?

☐ Terminated Representation as of

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2) Name Peoples Health

Address 3838 N. Causeway Blvd, Suite 2200 Three Lakeway Center, Metairie, LA 70002

Business or purpose

☑ 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