EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

272
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 12-7-07
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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 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 of N. LA

6. EMPLOYER'S ADDRESS 401 Market, Ste 550, Shreveport, LA 71101 (Street and No.) (City) (State) (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 Louisiana Re-entry and Rehabilitation Services
Address 3341 Youree Drive, Ste 101, Shreveport, LA 71103
Business or purpose healthcare

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☒ Terminated Representation as of 11-30-07

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2) Name Cash America International, Inc.
Address 1600 W. Seventh Street, Ft. Worth, TX 76102
Business or purpose payday and pawn lending

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of 11-30-07

3) Name Judicial Expense Fund of Orleans Parish
Address 421 Loyola, Rm 320, New Orleans, LA 70112
Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of 11-30-07

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.

Marky M. Rieve
Signature of Lobbyist