EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

95
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 3-14-08
Supp
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3071352

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 North Main St., Suite 810 Baton Rouge, 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 Baker, Donelson, Bearman, Caldwell and Berkowitz

Address 301 North Main St. Suite 810 Baton Rouge, LA 70825

Business or purpose law firm

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

☑ Terminated Representation as of 3/14/08

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2) Name Touro Infirmary
Address 1401 Foucher Street New Orleans, LA 70115
Business or purpose healthcare service

☐ New Representation
Does this person pay you?

If No, who pays you?

☑ Terminated Representation as of 3/14/08

3) Name Fresenius Medical Care
Address 95 Hayden Drive Lexington, MA 02420
Business or purpose healthcare service

☐ New Representation
Does this person pay you?

If No, who pays you?

☑ Terminated Representation as of 3/14/08

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

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2) Name Gilsbar, Inc.

Address 2100 Covington Centre Covington, LA 70434

Business or purpose Third Party Administrator

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 3/14/08

3) Name Louisiana State Alliance of YMCAs

Address 1215 Prytania St, Ste. 103 New Orleans, LA 70130

Business or purpose YMCA

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 3/14/08

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2) Name National Association of Public Insurance Adjusters

Address 21165 Whitfield Place, 105 Potomac Falls, VA 20165

Business or purpose insurance adjusting

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☑ Terminated Representation as of 3/14/08

3) Name River Road Films, LLC

Address 424 LSU Ave. Baton Rouge, LA 70825

Business or purpose film industry

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

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2) Name RW Development
Address #2 Canal Street, World Trade Center, Ste 2925 New Orleans, LA 70130
Business or purpose business development

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☑ Terminated Representation as of 3/14/08

3) 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?_____

If No, who pays you?_____

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2) Name Franciscan Missionaries of Our Lady (FMOL)
Address 4200 Essen Lane Baton Rouge, LA 70809
Business or purpose healthcare

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☑ Terminated Representation as of 3/14/08

3) Name APS Healthcare, Inc.
Address 8403 Colesville Road Silver Spring, MD 20910
Business or purpose healthcare service

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

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2) Name Medtronic, Inc.

Address 400 Lexington Ave. North - X185 Shoreview, MN 55126

Business or purpose Medical devices

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☑ Terminated Representation as of 3/14/08

3) Name Jupiter Interest, Inc.

Address 5721 Magazine St. New Orleans, LA 70115

Business or purpose Investment Company

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

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2) Name Educational Testing Service (ETS)
Address 1800 K Street, N.W. Washington DC 20006
Business or purpose testing service

☐ New Representation
Does this person pay you? ____
If No, who pays you? ____

☑ Terminated Representation as of 3/14/08

3) Name Lady of the Sea Hospital
Address 200 W. 134th Place Cutoff, LA 70345
Business or purpose hospital service

☐ New Representation
Does this person pay you? ____
If No, who pays you? ____

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