EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

212
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 2/22/08
Supp-08
3071362

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 Street, Ste 550, Shreveport LA 71101 (Street and No. / City / State / Zip)

MAILING ADDRESS Same (Street and No. / City / State / Zip)

5. EMPLOYER Southern Strategy Group

6. EMPLOYER'S ADDRESS ____ (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 St. Gabriel Downs, LLC ("SGD")

Address 600 Jefferson Street, Ste 1030, Lafayette, LA 70501

Business or purpose gaming

☑ New Representation
Does this person pay you? NO

If No, who pays you? ____

☐ Terminated Representation as of ____

HAND DELIVERED

EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM

272
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.

Marky H. Pierre
Signature of Lobbyist