LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

4440
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 04/20/05
LSLOPP
1050396

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (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, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Spradley, Thomas J.
   Last First MI

2. BUSINESS PHONE 225-766-1359

3. BUSINESS ADDRESS 11505 Perkins Rd., Bldg. II, Ste. B, Baton Rouge, LA 70810
   Street and No. City State Zip

   MAILING ADDRESS Same
   Street and No. City State Zip

4. EMPLOYER Spradley & Spradley, INC.

5. EMPLOYER'S ADDRESS Same
   Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes____ No ✓

7. 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 Achievement Builders Corp.
      Address 1495 Busch Parkway, Buffalo Grove, IL 60089
      Business or purpose Elementary School Web-based Practice Assessment Program

      ☑ New Representation
      Does this person pay you? yes

      If No, who pays you?

      ☐ Terminated Representation as of

2005 APR 20 AM 11:47
LOUISIANA ADMINISTRATIVE CAMPAIGN FINANCE RECEIVED

440
Lobbyist's Registration Number

SUPPLEMENTAL REGISTRATION FORM

2. Name Multi States Associates, Inc.
Address 540 Frontage Road, Ste. 3150, Northfield, IL 60093
Business or purpose Government Relations Services

☑ 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 the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

Form 501, Rev. 10/2002