LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

440
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 04/12/06
LSUPP
1060861

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 (Last) Thomas (First) J (MI)

2. BUSINESS PHONE 225-766-1359

3. BUSINESS ADDRESS 528 Liddell Lake Ct (Street and No.) Baton Rouge (City) LA (State) 70810 (Zip)

MAILING ADDRESS PO Box 85125 (Street and No.) Baton Rouge (City) LA (State) 70884 (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 See attached

Address

Business or purpose

☐ New Representation
Does this person pay you?

If No, who pays you?

☐ Terminated Representation as of

2006 APR 12 PM 1:57

Form 501, Rev. 102002

SUPPLEMENTAL REGISTRATION FORM

440
Lobbyist's Registration Number

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

Signature of Lobbyist

Form 501, Rev. 10/2003

Thomas J. Spradley

Name	LA/SPCA
Address	1319 Japonica St, New Orleans, La 70117
Business or Purpose	Animal Welfare Organization

Terminated representation as of 4-3-06.

Name	Consumer Health Alliance
Address	5050 Quorum Dr., Ste 700 Dallas, Tx 75254
Business or Purpose	National Trade Assn. for Discount Healthcare Industry
New Representation X	
Does this person pay you?	Yes