LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

1211
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: Oct 14 '06
LSUPP

Amendment(s) Attached

1060953

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 Davenport (Last) Emily (First) A. (MI)

2. BUSINESS PHONE (225) 763-8988

3. BUSINESS ADDRESS 10630 N. Oak Hills Pkwy Suite A (Street and No.) Baton Rouge (City), LA (State) 70810 (Zip)

MAILING ADDRESS PO Box 14204 (Street and No.) Baton Rouge (City), LA (State) 70898 (Zip)

4. EMPLOYER Creative Communications, Inc.

5. EMPLOYER'S ADDRESS PO Box 14204 (Street and No.) Baton Rouge (City), LA (State) 70898 (Zip)

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

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 Freddie Mac

Address

Business or purpose

☒ New Representation
Does this person pay you? no

If No, who pays you? DCI Group

☐ Terminated Representation as of

Form 601, Rev. 10/2002

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1. Name Freddie Mac

Address 8200 Jones Branch Dr. McLean, VA 22102-3110

Business or purpose Mortgage Financing

☒ New Representation
Does this person pay you? no

If No, who pays you? DCI Group

☐ Terminated Representation as of _____

Form 001, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

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.

Emily Davenport
Signature of Lobbyist

Form 401, Rev. 10/2002