440

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

2007

FOR OFFICE USE ONLY
Postmark Date: 3-22-07
LSUPP
WMI

1070073

SCANNED
MAY 29 2007
By: JM

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 528 Hidden Lake Ct Baton Rouge LA 70810
   Street and No. City State Zip

   MAILING ADDRESS PO Box 85125 Baton Rouge LA 70884
   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____

2007 MAR 23 AM 11:30
REGISTRATION
CAMPAIGN FINANCE
RECEIVED

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_____

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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 004, Rev. 10/2006

SUPPLEMENTAL REGISTRATION* - Thomas J. Spradley

Name*	CVS/Caremark Corporation*
Address	Woonsocket, RI
Business/Purpose	Integrated Pharmacy Services
New Representation*	Yes

Name*	Caremark Rx Incorporated*
Address	2211 Sanders Rd, Northbrook, Il 60062
Business/Purpose	Pharmaceutical Benefit Management
Terminated Representation*	22-Mar-07

*Merger/Change of Corporate Name