LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

1445
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 4/1/08

Supp-08

1072170

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 MADDEN (Last) LEE (First) C. "CLAY" (MI)

2. BUSINESS PHONE 225-715-8018

3. BUSINESS ADDRESS 9330 Pecue Lane (Street and No.), Suite A (City), Baton Rouge (State), LA 70809 (Zip)

MAILING ADDRESS 10720 Linkwood Ct. (Street and No.), Apt. 822 (City), Baton Rouge (State), LA 70810 (Zip)

4. EMPLOYER Advocates for School Choice

5. EMPLOYER'S ADDRESS 1660 L St., NW (Street and No.), Suite 1,000 (City) Washington (State), DC 20036 (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 Advocates For School Choice
   Address 1660 L St., NW, Suite 1000, Washington, DC 20036
   Business or purpose School Choice Advocacy

3818

☒ New Representation
   Does this person pay you? Yes

   If No, who pays you?_____

☐ Terminated Representation as of _____

Form 501, Rev. 10/2002

HAND DELIVERED

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name Louisiana Children's Education Advocates
Address 9330 Pecue Lane, Suite A, Baton Rouge, LA 70809
Business or purpose School Choice Advocacy

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☒ Terminated Representation as of 3/31/08

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.

L. Claff Madden
Signature of Lobbyist

Form 501, Rev. 10/2003