**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

**To be used for changes to registrations and terminations.**

440
Lobbyist's Registration Number

**FOR OFFICE USE ONLY**
Postmark Date: 4/3/08

Supp-08

**1072174**

**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 V
   Last First MI

2. BUSINESS PHONE 225-766-1359

3. BUSINESS ADDRESS 10634 N. Oak Hill Ave B.R. LA 70810
   Street and No. City State Zip

   MAILING ADDRESS P.O. Box 85125 B.R. LA. 70810
   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 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 See attached

      Address_____

      Business or purpose_____

      ☐ New Representation
      Does this person pay you?_____

      If No, who pays you?_____

      ☐ Terminated Representation as of_____

Form 001, Rev. 10/2008

440

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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 601, Rev. 10/2002

Thomas J. Spradley

| | |
|---|---|
| Name | Consumer Health Alliance |
| Address | 5050 Quorum Dr., Ste 700, Dallas, Tx 75254 |
| Business or Purpose | Trade Assn. for Discount Medical Organizations |
| Does this person pay you? | Yes |