LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

LOB 1169
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 4/8/08
Supp-08

1072189

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 Hayden (Last) Randy (First) L (MI)

2. BUSINESS PHONE 225-763-8988

3. BUSINESS ADDRESS 13144 Perkins Rd. Ste A, Baton Rouge, LA 70810
Street and No. City State Zip

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

4. EMPLOYER Creative Communications, Inc.

5. EMPLOYER'S ADDRESS PO Box 14204 Baton Rouge LA 70898
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 TVAGS

Address PO Box 100246 Arlington, VA 22210

Business or purpose non-profit consumer advocacy

☒ New Representation
Does this person pay you? Yes

If No, who pays you?_____

☐ Terminated Representation as of _____

Form 601, 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.

Signature of Lobbyist

Form 501, Rev. 10/2002