LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

10/10/08 10/21/08

440

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 10-10-08
Supp
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1073137

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 Spadley (Last) Thomas (First) J (MI)

2. BUSINESS PHONE 225 7661359

3. BUSINESS ADDRESS 10634 N Oak Hills Pkwy Ste B (Street and No.) Baton Rouge (City) LA (State) 70810 (Zip)

MAILING ADDRESS PO Box 85125 (Street and No.) Baton Rouge (City) LA (State) 70884 (Zip)

4. EMPLOYER Spadley & Spadley Inc

5. EMPLOYER'S ADDRESS ____ (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 La Endowment for the Humanities
Address 938 Lafayette St Ste 300 New Orleans LA 70113
Business or purpose Humanities & Education

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

☒ Terminated Representation as of 10/10/08

HA[illegible]VERED

Form 501, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

446
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

N/A

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