

**EXECUTIVE LOBBYING  
SUPPLEMENTAL REGISTRATION FORM**

12  
Executive Lobbyist Registration No.

**Instructions**

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Canal Dr., 3<sup>rd</sup> Floor, Baton Rouge, LA 70808, or fax to (225) 763-8787. For information or assistance, call (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 or to add employers or those you represent. It must be submitted within 10 days of any termination of employment or representations.

**FOR OFFICE USE ONLY**  
Postmark Date: 5/13/08  
*SUPP-E*  
  
*OK ✓*  
  
**3071549**

1. NAME Braxton Redney MI  
Last First

NAME  
CHANGE \_\_\_\_\_ MI  
Last First

2. BUSINESS PHONE (225) 381-0166  
(Area Code) Phone Number

3. FAX PHONE (225) 381-0163

4. BUSINESS ADDRESS 637 St. Ferdinand Baton Rouge, LA 70802  
Street and No. City State Zip

MAILING ADDRESS Dame \_\_\_\_\_  
Street and No. City State Zip

5. EMPLOYER Southern Strategy Group of LA, LLC

6. EMPLOYER'S ADDRESS 637 St. Ferdinand Baton Rouge, LA 70802  
Street and No. City State Zip

7. Have you ceased or terminated all lobbying activities requiring registration? Yes \_\_\_\_\_ No X

8. 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 Government Consultants of Louisiana, Inc.  
Address 700 N. 10th Street, Annex Building, Baton Rouge, LA 70802  
Business or purpose government

New Representation  
Does this person pay you? no

If No, who pays you? Southern Strategy Group of LA, LLC

Terminated Representation as of \_\_\_\_\_

**HAND DELIVERED**

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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 \_\_\_\_\_

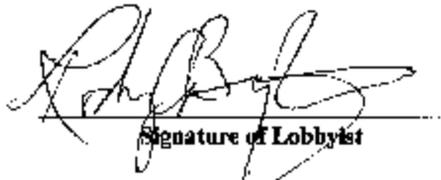
New Representation  
Does this person pay you? \_\_\_\_\_

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 LSA-R.S. 49:71 et seq. has been deliberately omitted.

  
\_\_\_\_\_  
Signature of Lobbyist