LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

01

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-26-00

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LA 15465
[illegible]
KSD

1000415

Instructions

- Print in ink or type.
- Complete form and return with $10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- 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 Haynie, Randy K.
   Last First MI

2. BUSINESS PHONE (225) 336-4143

3. BUSINESSADDRESS P.O. Box 44032, Capitol Station, Baton Rouge, LA 70804
   Street and No. City State Zip

   MAILING ADDRESS same as above
   Street and No. City State Zip

4. EMPLOYER self employed

5. EMPLOYER'S ADDRESS same as above
   Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ____ No N/A

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 Plasma Protein Therapeutics Association

      Address 1350 I Street, NW, Suite 550, Washington, DC 20005

      Business or purpose Plasma

      ☐ New Representation
      Does this person pay you? _____

      If No, who pays you? _____

      ☐ Terminated Representation as of _____

*** Client changed their name from International Plasma Products Industry Assoc. to Plasma Protein Therapeutics Asso

Form 601, Rev 5/98

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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 501 Rev 8/99