LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

01

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-6-01

1 Supp
VH 18153
$10.00

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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 1465 Ted Dunham Drive, Baton Rouge, LA 70802
Street and No. City State Zip

MAILING ADDRESS P.O. Box 44032, Capitol Station, Baton Rouge, LA 70804
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 XO

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 POLK, LLC

Address 1311 Merine Circle, Dunwoody, Georgia 30338

Business or purpose Public Records Information Provider

☐ New Representation
Does this person pay you?

If No, who pays you?

☒ Terminated Representation as of January 1, 2001

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LOBBYING ETHICS REGISTRATION CAMPAIGN FINANCE RECEIVED

Form 501, Rev. 8/99

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. 4/98