LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

01

Lobbyist's Registration Numb

FOR OFFICE USE ONL
Postmark Date: 4-26-

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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 XXXXX

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 830, Washington, DC 20005

Business or purpose Blood

[X] New Representation
Does this person pay you? Yes

If No, who pays you? ___

[ ] Terminated Representation as of ___

Form 501, Rev. 6/99

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 50-, Rev. 6/99