LOBBYING SUPPLEMENTAL REGISTRATION FORM
To be used for changes to registrations and terminations.

Lobbyist's Registration Number
1

FOR OFFICE USE ONLY
Postmark Date: 5/28/02
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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** (Last) **Randy** (First) **K** (MI)

2. BUSINESS PHONE **225-336-4143**

3. BUSINESS ADDRESS **P.O. Box 44032, Capitol Station** (Street and No.) **Baton Rouge, LA** (City, State) **70804** (Zip)

MAILING ADDRESS **1465 Ted Dunham Avenue** (Street and No.) **Baton Rouge, LA** (City, State) **70802** (Zip)

4. EMPLOYER **Self-Employed**

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 **American Management Systems**

Address **4050 Legato Road Fairfax, Virginia 22033**

Business or purpose **Computer Software**

☐ New Representation
Does this person pay you? **Yes**

If No, who pays you?

☐ Terminated Representation as of

Form 501, Rev. 6/98

Lobbyist's Registration Number

SUPPLEMENTAL REGISTRATION FORM

2. Name: Louisiana Wireless Telephone Association

Address: P.O. Box 44032, Capitol Station Baton Rouge, Louisiana 70804

Business or purpose: Wireless Cellular Telephones

☐ New Representation
Does this person pay you? Yes

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