LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number: M81

FOR OFFICE USE ONLY
Postmark Date: 06/08/04
USUPP
1060914

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (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, 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 Beach, Randal M.
   Last First MI

2. BUSINESS PHONE 225-201-0999

3. BUSINESS ADDRESS 855 N. Leighton, Baton Rouge, LA 70806
   Street and No. City State Zip

   MAILING ADDRESS (same)
   Street and No. City State Zip

4. EMPLOYER _____

5. EMPLOYER'S ADDRESS _____
   Street and No. City State Zip

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

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 Association of Public Insurance Adjusters
      Address 1201 Connecticut Ave. NW, Washington, D.C. 20036
      Business or purpose Trade association

      ☑ New Representation
      Does this person pay you? yes

      If No, who pays you? _____

      ☐ Terminated Representation as of _____

Form 501, Rev. 1/2002

SUPPLEMENTAL REGISTRATION FORM

[redacted]

2. Name Southeast Safety Association

Address 1411 Gause Blvd., Suite 201, Slidell, LA 70458

Business or purpose Workers' comp safety program provider

☑ 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.

Randal M. Bond

Signature of Lobbyist

Form 501, Rev. 10/2007