LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

001

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 2-26-07
LSUPP
WMI

1070036

SCANNED
MAY 29 2007

2007 FEB 26 PM 1:07

HAND DELIVERED

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 Haynie (Last) Randy (First) K (MI) By: _____

2. BUSINESS PHONE (225) 336-4143

3. BUSINESS ADDRESS 1465 Ted Dunham Ave, Baton Rouge, LA 70802
Street and No. City State Zip

MAILING ADDRESS P.O. Box 44032 Baton Rouge, LA 70804
Street and No. City State Zip

4. EMPLOYER Haynie & Associates

5. EMPLOYER'S ADDRESS P.O. Box 44032 Baton Rouge, LA 70804
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 See Attached

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

Form 501, Rev. 1/2002

ORIGINAL

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

ORIGINAL

Form 101, Rev. 1/12/02

Randy K. Haynie - #001
Lobbying Supplemental Registration Form

Termination of Representation:

1. **Name:** Kraft Foods Global, Inc.
(through its service corporation Altria
Corporate Service, Inc.)
Address: Three Lakes Drive
Northfield, IL 60093-2753
Business or Purpose: Food
Termination of Representation as of: February 2007

New Representations:

1. **Name:** The Consortium
Address: P.O. Box 294743
Lewisville, TX 75029
Business or Purpose: Economic Development
Does this person pay you?: Yes

2. **Name:** Louisiana Finance Association
Address: 8440 Bluebonnet Boulevard, Suite A
Baton Rouge, LA 70810
Business or Purpose: Financial Issues
Does this person pay you?: Yes

3. **Name:** ICF International
Address: 9300 Lee Highway
Fairfax, VA 22031
Business or Purpose: Housing
Does this person pay you?: Yes

4. **Name:** ProtectingAmerica.org
Address: 1200 19th Street, NW, Suite 400
Washington, D.C. 20036
Business or Purpose: Insurance
Does this person pay you?: Yes

Randy K. Haynie #001
2/23/2007