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EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

001
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 2-26-07
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SCANNED
JUL 18 2007
By: (m)

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ETHICS ADMINISTRATION
CAMPAIGN FINANCE
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Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, or fax to (225) 763-8787. For information or assistance, call (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 or to add employers or those you represent. It must be submitted **within 10 days** of any termination of employment or representations.

1. NAME Haynie (Last) Randy (First) K (MI)

NAME CHANGE N/A (Last) (First) (MI)

2. BUSINESS PHONE (225) 336-4143 (Area Code) Phone Number

3. FAX PHONE (225) 343-1806

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

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

5. EMPLOYER Haynie & Associates

6. EMPLOYER'S ADDRESS P.O. Box 44032 (Street and No.) Baton Rouge, LA (City) 70804 (State) (Zip)

7. Have you ceased or terminated all lobbying activities requiring registration? Yes ___ No X

8. 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 _____

ORIGINAL

EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM

_____
Executive Lobbyist Registration No.

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 LSA-R.S. 49:71 et seq. has been deliberately omitted.

_____
Signature of Lobbyist

Randy K. Haynie - #001
Executive 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:** Protect America
Address: 1200 19th Street, NW, Suite 400
Washington, D.C. 20036
Business or Purpose: Insurance
Does this person pay you?: Yes