registering for remainder of 2007

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

1423

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 10-4-07
Reg 07
$110.00
V# 4861

1070969

Instructions

- Print in ink or type.
- Complete form and return with $110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Pratt, IV (Last) Fernand (First) G (MI)

2. BUSINESS PHONE 225-344-7120 (Area Code and Phone Number)

3. BUSINESS ADDRESS 3423 Hundred Oaks Ave Baton Rouge, LA 70808 (Street and No. / City / State / Zip)

MAILING ADDRESS 3423 Hundred Oaks Ave Baton Rouge, LA 70808 (Street and No. / City / State / Zip)

4. EMPLOYER Louisiana Catholic Conference

5. EMPLOYER'S ADDRESS 3423 Hundred Oaks Ave Baton Rouge, LA 70808 (Street and No. / City / State / Zip)

2007 OCT -4 PM 2:06

6. **LIST BELOW** (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (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.

1. Name Louisiana Catholic Conference

   Address 3423 Hundred Oaks Ave, Baton Rouge, LA 70808

   Business or purpose Policy Entity for Roman Catholic Bishops of LA

   Does this person pay you? yes

   If No, who pays you? _____

LOBBYING REGISTRATION FORM

1423
Lobbyist's Registration Number

2. Name Citizens for Educational Choice

Address P.O. Box 65196 Baton Rouge, LA 70896

Business or purpose Lobby for private school interest

Does this person pay you? NO

If No, who pays you? Louisiana Catholic Conference

3. Name

Address

Business or purpose

Does this person pay you?

If No, who pays you?

4. Name

Address

Business or purpose

Does this person pay you?

If No, who pays you?

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 202, Rev. 10/2002