LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

1515
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 4/8/08

Reg-08
ck#11234
#11024

1072183

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 Hampton (Last) Carla (First) R. (MI)

2. BUSINESS PHONE 225-753-3733
Area Code and Phone Number

3. BUSINESS ADDRESS 225-753-3705
Street and No. City State Zip

MAILING ADDRESS 9330 Pecue Lane, Ste. A Baton Rouge, La 70809
Street and No. City State Zip

4. EMPLOYER The Black Alliance For Educational Options

5. EMPLOYER'S ADDRESS 1710 Rhode Island Avenue NW 12th Fl Washington, DC 20036
Street and No. City State Zip

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 The Black Alliance For Educational Options

Address 1710 Rhode Island Avenue NW, 12th Fl Washington, DC 20036

Business or purpose Parental Choice Advocacy/Education

Does this person pay you? Yes

If No, who pays you? _____

Form 800, Rev. 10/2002

HAND DELIVERED

LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

2. Name_____

Address_____

Business or purpose_____

Does this person pay you?_____

If No, who pays you?_____

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.

Carla R Hampton

Signature of Lobbyist

Form 500, Rev. 10/2002