EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF _____

(Fill in year.)

597
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 11-5-07

Reg. 07
ck# 1044
$110
ack

3070585

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 Davis (Last) Charlie (First) _____ (MI)

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

3. FAX NUMBER 225-753-3705

4. BUSINESS ADDRESS 9330 Pecue Lane, Suite A (Street and No.) Baton Rouge (City) LA (State) 70809 (Zip)

MAILING ADDRESS Same as above (Street and No.) _____ (City) _____ (State) _____ (Zip)

5. EMPLOYER Louisiana Children's Education Advocates

6. EMPLOYER'S ADDRESS Same as above (Street and No.) _____ (City) _____ (State) _____ (Zip)

7. 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 Children's Education Advocates

Address Same as above

Business or purpose School choice advocacy

Does this person pay you? yes

If No, who pays you? _____

Missing numbered pages were blank and had no information on them.

HAND DELIVERED

EXECUTIVE LOBBYING REGISTRATION FORM

597
Executive Lobbyist Registration No.

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

Signature of Lobbyist