EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2008
(Fill in year.)

732
Executive Lobbyist Registration No.

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

Reg-08
Ck#11234
$110.00

3071428

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. FAX NUMBER 225-753-3705

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

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

5. EMPLOYER The Black Alliance For Educational Options

6. EMPLOYER'S ADDRESS ~~935~~ 1710 Rhode Island Avenue NW, 12th FL (Street and No.) Washington, DC (City) (State) 20036 (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 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?

HAND DELIVERED

EXECUTIVE LOBBYING REGISTRATION FORM

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.

Carla R. Hampton

Signature of Lobbyist