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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration 5-20-07

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name BETH LABASKY

Address #300 W. Pensacola St STE 118H

City Tallahassee

State FLA Zip 32308

4. Principal place of business (if different from line 3)

City _____

State/Zip (or Country) _____

5. Telephone number and contact name

850-322-7335

Contact Beth LABASKY E-mail (optional) betalab@ol.

6. General description of registrant's business or activities

consulting

CLIENT A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check if labeled "Self" and proceed to line 10. ☐ Self

7. Client name YOUTH CRIME WATCH of AMERICA

Address 9200 S. DADELAND BLVD. Suite 417

City Miami

State FLA Zip 33156

8. Principal place of business (if different from line 7)

City _____

State/Zip (or Country) _____

9. General description of client's business or activities

crime prevention

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
<u>BETH LABASKY</u>	

Form LD-1 (Rev. 04/03)

Registrant Name BETH LABASKY Client Name Youth Crime Watch of

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page

EDU

12. Specific lobbying issues (current and anticipated)

juvenile justice prevention issues.

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant during a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activities?

☒ No → Go to line 14.

☐ Yes ↓ Complete the rest of this section for each entity matching criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

☒ No → Sign and date the registration.

☐ Yes ↓ Complete the rest of this section for each entity matching the criteria above, then sign and date registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	C

Beth Labasky

Signature [Signature] Date 10-11-11

Printed Name and Title BETH K LABASKY

Form LD-1 (Rev. 04/03)