

Form PR-EZ (Rev. 11/24/08)

Do not staple; type, print in ink or file electronically; attach additional pages as necessary.

Date Filed: 1/15/2010
Elaine F. Marshall
NC Secretary of State
Y201001900218**FILED**

JAN 15 2010

**RECEIVED**

JAN 19 2010

Elaine F. Marshall, Secretary of State

Lobbyist Compliance Division

2009 Principal Expense Report – ZERO EXPENSE SHORT FORM

For quarterly reports with no reportable expenditures other than payment for services; do not use this form if you have any expenditures under NCGS 120C-403 other than payment for services to report.

Mailing Address: P. O. Box 29622
Raleigh, NC 27626-0622
Street Address: 2 South Salisbury Street
Raleigh, NC 27601-2903Phone: (919) 807-2170
Fax: (919) 807-2205
E-Mail: lobbyistfiling@sosnc.com Amended Report
(Check if amending previously filed report; report cannot be amended to add expenditures; if necessary, amend on regular reporting form)Original Report Tracking # _____
(SOS Use Only)Period: Quarter Ended March 31, 2009 Quarter Ended September 30, 2009
 Quarter Ended June 30, 2009 Quarter Ended December 31, 2009Complete Name of Principal: Kaplan Higher Education by MultiState Associates Inc.Name of Lobbyist(s) as Registered: Doug Miskew, Leslie Bevacqua Coman, Paul Mahoney

For the quarterly period covered by this expense report, separately state the principal's paid or accrued obligation to each lobbyist for payment for services for the purpose of lobbying, including any money, thing of value or economic benefit other than actual travel, administrative or subsistence expenses. If the lobbyist is a full-time employee of the principal or is paid by means of an annual fee or retainer, estimate and report the portion of the salary, fee or retainer that is reasonably allocated for the purpose of lobbying, and indicate whether such estimate is made in reliance upon a statement by the lobbyist of the portion of the salary, fee or retainer that is reasonably allocated for the purpose of lobbying. Attach additional pages as needed.

Lobbyist Name	Reported Payment for Service	Box 1 Check if lobbyist is a full-time employee of principal	Box 2 Check if lobbyist is paid by annual fee or retainer	Box 3 Check if principal has relied upon statement by lobbyist in estimating portion of salary, fee or retainer reasonably allocable to lobbying
Leslie Bevacqua Coman	\$0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Doug Miskew	\$5,000.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Paul Mahoney	\$5,000.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total	\$10,000.00			

Printed Full Name of Report Preparer: Carrie E. Calvin

Signature of Report Preparer:

FOR COMPLETION AND SIGNATURE ONLY IF REPORT PREPARER IS PERSON OTHER THAN AUTHORIZED OFFICER CERTIFYING REPORT AND PREPARER HAS EXERCISED INDEPENDENT JUDGEMENT OR DISCRETION AS TO THE INFORMATION REPORTED. THE AUTHORIZED OFFICER MUST SIGN CERTIFICATION ON PAGE 2.

IMPORTANT INSTRUCTIONS FOR PRINCIPAL OFFICER AND NOTARY

ALL BLANKS **MUST** BE COMPLETED WITH PRINTED NAME OF AUTHORIZED OFFICER AND PRINTED NAME OF PRINCIPAL ENTITY, AND THE AUTHORIZED OFFICER MUST SIGN AND DATE REPORT TO CERTIFY REPORT IN THIS SECTION. VENUE (STATE AND COUNTY WHERE NOTARIZED) AND JURAT **MUST** ALSO BE FULLY COMPLETED. WARNING: INCOMPLETE CERTIFICATION OR NOTARIZATION MAY RESULT IN REJECTION OF REPORT AND UNTIMELY FILING.

STATE OF Virginia

COUNTY CITY OF Alexandria

Paul W. Hallman, individually or as an authorized officer of Kaplan Higher Education by MultiState Associates Inc.

(Printed Name of Principal or Authorized Officer)

(Printed Legal Name of Principal Entity if applicable)

on behalf of the principal entity by its authority first duly given, or on his/her own behalf as an individual principal, being first duly sworn, hereby certifies that the principal has no expenditures pursuant to NCGS 120C-403 other than payment for services to report for this quarterly period and that all information contained herein (including any attachments hereto) is true, complete and correct to the best of his/her knowledge and belief.

Paul W. Hallman

1/15/10

Signature of Principal or Authorized Officer

Date

Sworn to (or affirmed) and subscribed before me, this 15th day of January, 2010.

Mary Susan Braun

Signature of Notary Public

Mary Susan Braun

Printed Name of Notary Public

#280545

My commission expires: 6/30/2012.

(NOTARY STAMP OR SEAL)