2008

# LOBBYING REGISTRATION FORM

**To be used for initial registrations and renewals.**

286

**Lobbyist's Registration Number**

**FOR OFFICE USE ONLY**
Postmark Date: 1/28/08

Ren-08
ck#1479
$110.00

ack

**1071847**

## 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 O'RIELLY (Last) GARY (First) L. (MI)

2. BUSINESS PHONE 225-761-5126 (Area Code and Phone Number)

3. BUSINESS ADDRESS 6338 DESTREHAN DR., BATON ROUGE LA 70820-5030 (Street and No. / City / State / Zip)

MAILING ADDRESS SAME (Street and No. / City / State / Zip)

4. EMPLOYER GARY O'RIELLY PUBLIC STRATEGIES LLC

5. EMPLOYER'S ADDRESS 6338 DESTREHAN DR., BATON ROUGE, LA 70820 (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 LOUISIANA PULP + PAPER ASSOCIATION

Address 6338 DESTREHAN DR., BATON ROUGE LA 70820

Business or purpose ENSURING A BUSINESS CLIMATE CONDUCIVE TO THE VITALITY OF THE PULP, PAPER + FOREST PRODUCTS INDUSTRY

Does this person pay you? ✓

If No, who pays you? _____

Form 500, Rev. 10/2002

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2. Name AMERICAN INSTITUTE OF ARCHITECTS - LOUISIANA CHAPTER

Address 521 AMERICA PL., BATON ROUGE, LA. 70802

Business or purpose MONITOR + REPRESENT STATE ARCHITECTS ASSN. ON PROFESSIONAL STANDARDS + STATE BLDG. CODES

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.

Gary L. O'Reilly
Signature of Lobbyist

Form 500, Rev. 10/2002