LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

286
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 7-21-08
Term-L
ACK✓
1072532

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME O'RIELLY (Last) GARY (First) L. (MI)

2. BUSINESS PHONE 761-5126 (225)

3. BUSINESS ADDRESS 6338 DESTREHAN DR., BATON ROUGE, LA 70820 (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. Have you ceased or terminated all lobbying activities requiring registration? Yes ✓ No____

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (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; and (e) the date of termination if applicable.

1. Name LOUISIANA PULP + PAPER ASSOCIATION
   Address 6338 DESTREHAN DR., BATON ROUGE, LA 70820
   Business or purpose ENSURING STRONG BUSINESS CLIMATE FOR ~~PULP, PAPER & FOREST PRODUCTS MANUFACTURERS~~

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☒ Terminated Representation as of 7-22-08

Form 501, Rev. 102002

SUPPLEMENTAL REGISTRATION FORM

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2. Name AMERICAN INSTITUTE OF ARCHITECTS

Address 521 AMERICA PL., BATON ROUGE, LA 70802

Business or purpose MONITOR, REVIEW LEGISLATIVE + REGULATORY ACTIVITIES INCL. STATEWIDE BUILDING CODES.

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of 7/22/08

3. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

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 504, Rev. 10/2002