2008-771

[redacted]

FAXED 8/14/08 11:00am

FOR OFFICE USE ONLY
Postmark Date: _____

REPORT COVERING:

☑ JANUARY 1 through JUNE 30, 2008 - DUE BY AUGUST 15

☐ JANUARY 1 through DECEMBER 31, _____ - DUE BY FEBRUARY 15

1. Name: ORLEANS CAPITAL MANAGEMENT CORP.
Last First MI

2. Business Address: 594 ASBURY STREET, SUITE E, MANDEVILLE, LA 70471
Street and No. City State Zip

2090589

Mailing Address: SAME

3. Business Phone: 504-592-4680
Area Code and Telephone Number

4. Employer: ORLEANS CAPITAL MANAGEMENT CORP.

5. Employer's address: SAME
Street and No. City State Zip

6. Did you make an expenditure exceeding $50 on one occasion for a retirement system official:

From January 1 through June 30?	Yes	☑	No	☐	
From July 1 through December 31?	Yes	☐	No	☐	NA ☑

If the answer to either question in Number 6 above is YES, complete Schedule A and attach.

7. Did you make expenditures exceeding the sum of $250 for a retirement system official:

From January 1 through June 30?	Yes	☐	No	☑	
From July 1 through December 31?	Yes	☐	No	☐	NA ☑

If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

8. PROVIDE BELOW (a) the name of the state or statewide public retirement system; (b) the aggregate total of all expenditures attributable to the retirement system made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the retirement system made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the retirement system.

1) a. Name of Retirement System: MUNICIPAL POLICE PENSION SYSTEM *

b. Total of all expenditures made January 1 through June 30: $ 382.33

c. Total of all expenditures made July 1 through December 31: $ _____
(When applicable)

d. Total of all expenditures made during the calendar year: $ 382.33

2) a. Name of Retirement System: _____

b. Total of all expenditures made January 1 through June 30: $ _____

c. Total of all expenditures made July 1 through December 31: $ _____
(When applicable)

d. Total of all expenditures made during the calendar year: $ _____

3) a. Name of Retirement System: _____

b. Total of all expenditures made January 1 through June 30: $ _____

c. Total of all expenditures made July 1 through December 31: $ _____
(When applicable)

d. Total of all expenditures made during the calendar year: $ _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 42:1114.2 has been deliberately omitted.

Signature of Filer

* Also reported by Lobbyist/Employee, Gary Welchel as required.

[illegible]

1. OFFICIAL'S NAME	2. NAME OF RETIREMENT SYSTEM	3. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER $50 ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING $250 BETWEEN JANUARY 1 AND JUNE 30	4. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER $50 ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING $250 BETWEEN JULY 1 AND DECEMBER 31	5. TOTAL OF COLUMNS 3 AND 4
DATE 1/30/08				
CHARLES HALL (RETIRED)	MUNICIPAL POLICE PENSION	127.44	—	127.44
WILLIE JOE GREENE	"	127.44	—	127.44
LARRY REECH	"	127.44	—	127.44

Form 405, Rev. 8/04