(E)

EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF _____

(Fill in year.)

546

Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 7-18-07
2007 Reg
#110
#1414
SS

3070186

SCANNED
JUL 26 2007

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By: _____

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. FAX NUMBER 225-766-0343

4. BUSINESS ADDRESS 6338 DESTREHAN DR. (Street and No.) BATON ROUGE (City) LA (State) 70820 (Zip)

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

5. EMPLOYER GARY O'RIELLY PUBLIC STRATEGIES LLC.

6. EMPLOYER'S ADDRESS 6338 DESTREHAN DR., BATON ROUGE, LA 70820 (Street and No. City State Zip)

7. 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 PROVIDING A BUSINESS CLIMATE CONDUCIVE TO THE VITALITY OF THE PULP, PAPER + FOREST PRODUCTS MANUF.

Does this person pay you? YES

If No, who pays you? _____

EXECUTIVE LOBBYING REGISTRATION FORM

Executive Lobbyist Registration No. _____

2. Name AIA LA

Address 521 AMERICA ST., BATON ROUGE, LA 70802

Business or purpose PROTECT LICENSURE REGULATIONS V. NON-LICENSURE, DEVELOP STATEWIDE BUILDING CODE STANDARDS

Does this person pay you? YES

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 LSA-R.S. 49:71 et seq. has been deliberately omitted.

Gary L. O'Riley

Signature of Lobbyist