# EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2008
(Fill in year.)

617
Executive Lobbyist Registration No.

**FOR OFFICE USE ONLY**
Postmark Date: 1/11/08
Reg-08
ck# 6041
$110.00
ck✓
3070748

## 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 Foster (Last) Murphy, Jr (First) J. (MI)

2. BUSINESS PHONE 337-828-0434 (Area Code and Phone Number)

3. FAX NUMBER 337-828-4932

4. BUSINESS ADDRESS 3276 E. Oakland Dr (Street and No.) Franklin (City) LA (State) 70538 (Zip)

MAILING ADDRESS P.O. Drawer 730 (Street and No.) Franklin (City) LA (State) 70538 (Zip)

5. EMPLOYER Breazeale, Sachse + Wilson, LLP
One American Place

6. EMPLOYER'S ADDRESS 23rd Flr (Street and No.) Baton Rouge (City), LA (State) 70821-3197 (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 Breazeale, Sachse + Wilson, LLP
One American Place
Address 23rd Flr Baton Rouge, LA 70821-3197

Business or purpose Advisor to Firm's attorneys and clients in solving specific business needs related to State Government

Does this person pay you? yes

If No, who pays you?

Form 504, Rev. 7/04

# EXECUTIVE LOBBYING REGISTRATION FORM

Executive Lobbyist Registration No.

2. Name_____

Address_____

Business or purpose_____

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

_____
Signature of Lobbyist