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

Executive Lobbyist Registration No. 646

FOR OFFICE USE ONLY
Postmark Date: 1/28/08
Ren-08
Ck# 1480
$110.00
ack ✓
3071166

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., BATON ROUGE, LA 70820 (Street and No. / City / State / 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 MANUFACTURERS.

Does this person pay you? ✓

If No, who pays you?

EXECUTIVE LOBBYING REGISTRATION FORM

Executive Lobbyist Registration No. 546

2. Name AMERICAN INSTITUTE OF ARCHITECTS (AIA LA) LOUISIANA CHAPTER

Address 521 AMERICA ST., BATON ROUGE LA 70802

Business or purpose PROTECT LICENSURE REGULATIONS V. NON-LICENSURE CONTINUING TO WORK ON STATEWIDE BUILDING 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 LSA-R.S. 49:71 et seq. has been deliberately omitted.

Gary L. O'Rieley
Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE