EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

546
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 7/21/08
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Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, or fax to (225) 763-8787. For information or assistance, call (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 or to add employers or those you represent. It must be submitted **within 14 days** of any termination of employment or representations.

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

NAME CHANGE _____ (Last) _____ (First) _____ (MI)

2. BUSINESS PHONE 225-761-5126 (Area Code) Phone Number

3. FAX PHONE 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. Have you ceased or terminated **all** lobbying activities requiring registration? Yes ✓ No ____

8. 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 ASSN.

Address 6338 DESTREHAN DR., BATON ROUGE, LA 70820

Business or purpose ENSURE STRONG + VIABLE BUSINESS CLIMATE FOR PULP, PAPER & FOREST PRODUCTS MANUFACTURES

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of 7/22/08

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2) Name AMERICAN INSTITUTE OF ARCHITECTS - LA CHAPTER

Address 521 AMERICA PL, BATON ROUGE, LA 70802

Business or purpose MONITOR + REVIEW ALL LEGISLATIVE + REGULATORY ACTIVITIES

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

Gary L. O'Reilly
Signature of Lobbyist