

Lobbyist Registration Form  
*Louisiana Board of Ethics*



**Demographic Information:**

Title: Mr.

Lobbyist ID: LB00000578

First Name: Paul Last Name: Gallagher Middle Name: Tudor

Change First Name: \_\_\_\_\_ Change Last Name: \_\_\_\_\_ Change Middle Name: \_\_\_\_\_

Branch: Leg

**Address Information:**

Street: P.O. Box 1687

City: Baton Rouge State: Louisiana Zip Code: 70821

Email: paultgal@bellsouth.net

Phone: 225-939-7491 Ext: \_\_\_\_\_

Fax: 225-336.0211

**Employer Information:**

Employer Name: Paul T. Gallagher, Attorney at Law

**Address Information:**

Street: 521 Laurel Street

City: Baton Rouge State: Louisiana Zip Code: 70801

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**Information about person, group or organization which you represent:**

Representative Name : Takeda Pharmaceuticals America, Inc.

Branch: Leg

Business Description : Healthcare

**Address:** Street: One Takeda Parkway

City: Deerfield

State: Illinois

Zip Code: 60015

Paid by representation: Yes

Payment Category: \$25,000 - \$49,999

If **No**, who pays you:

Subject Matter 1: Health care: pharmaceutical and medical devices; research; development; sales

Subject Matter 2:

Subject Matter 3:

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**Picture:**



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