

Lobbyist Registration Form  
*Louisiana Board of Ethics*



**Demographic Information:**

Title: MR.

Lobbyist ID: LB00000785

First Name: GARY Last Name: PATUREAU Middle Name: \_\_\_\_\_

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

Branch: Leg and Exec

**Address Information:**

Street: 251 Florida Street, Suite 314

City: Baton Rouge State: Louisiana Zip Code: 70801

Email: gary@lasie.org

Phone: 225-338-0705 Ext: \_\_\_\_\_

Fax: \_\_\_\_\_

**Employer Information:**

Employer Name: Louisiana Association of Self Insured Employers

**Address Information:**

Street: 251 Florida Street, Suite 314

City: Baton Rouge State: Louisiana Zip Code: 70801

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

Representative Name : Louisiana Association of Self Insured Employers

Branch: Leg and Exec

Business Description : Self Insured Employers

**Address:** Street: 251 Florida Street, Suite 314

City: Baton Rouge

State: Louisiana

Zip Code: 70801

Paid by representation: Yes

Payment Category: \$24,999 or less

If **No**, who pays you:

Subject Matter 1:

Subject Matter 2:

Subject Matter 3:

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**Picture:**

A large, empty rectangular box with a thin black border. In the top-left corner of the box, there is a small red square icon containing a white 'X'. On the right side of the box, there is a vertical scrollbar with a small upward-pointing arrow at the top and a downward-pointing arrow at the bottom.