

GOVERNMENT OF THE DISTRICT OF COLUMBIA
BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY

Year 2013

WASHINGTON, D.C. 20001

Non-Profit For-Profit

ORIGINAL

LOBBYIST REGISTRATION FORM

(See next page for instructions)

AMENDMENT

Filing Fee Enclosed \$250.00
 \$50.00

1. (a) Registrant's Name Bayer HealthCare LLC (b) Daytime Phone Number 973-305-5037
(c) Permanent Address 555 White Plains Road Tarrytown, NY 10591
(Street Address) (City, State, Zip Code)
(d) Temporary Address (while lobbying) N/A
(Street Address) (City, State, Zip Code)
(e) E-Mail Address raymond.frost@bayer.com

2. Lobbyist(s) Working for Registrant: List the full name of each in-house person employed and each individual retained by you to lobby on your behalf. If you do not employ an in-house person or retain an individual to lobby, state non-applicable.

(a) Name Joseph Cleary (b) Name _____
Address 61 Hannah Niles Way Address _____
(Street Address) (Street Address)
Braintree, MA 02184 (City, State, Zip Code)

Daytime Phone Number 781-356-0164 Daytime Phone Number _____
 If more space is needed, check box and attach OCF Supplemental Sheet.

3. Person Compensating Registrant: List the full name of each client with whom you have an agreement for compensation to provide lobbying services. If you do not contract to provide lobbying services, state non-applicable.

(a) Name N/A (b) Daytime Phone Number _____
(c) Address _____
(Street Address) (City, State, Zip Code)
(d) Nature of Business Pharmaceutical Manufacturer

4. Terms of Compensation: (a) Prorated salary based on time spent lobbying. (b) Ongoing until terminated.
(Salary) (Duration of Employment)
 If more space is needed, check box and attach OCF Supplemental Sheet.

5. Identify each matter by subject and formal designation on which the lobbyist/registrant expects to lobby. Attach a Supplemental Sheet if additional space is needed.

All matters related to pharmaceuticals and health care.

I, the undersigned, declare under oath and on penalty of perjury that the statements contained in this Lobbyist Registration Form are, to the best of my knowledge, true, correct, and complete.

[Signature]
Signature of Registrant (or, if not an individual, an authorized officer or agent* of registrant must sign)

*The lobbyist retained by contract to provide lobbying services may not sign on behalf of the compensating registrant.

Subscribed and sworn to before me on this 17 day of December 2012

[Signature]
Notary Public

My Commission Expires: March 11, 2014
MARI FEINITA MANCARI
NOTARY PUBLIC, STATE OF NEW YORK
No. 01MA6070945
QUALIFIED IN GRANGE COUNTY
MY COMMISSION EXPIRES MARCH 11, 2014