



HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813
or P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: (808) 587-0460 FAX: (808) 587-0470
email: ethics@hawaiiethics.org
Web site: www.hawaii.gov/ethics

THIS SPACE FOR OFFICE USE ONLY

13 JAN 22 P12:35

NOTE: This is a public document.

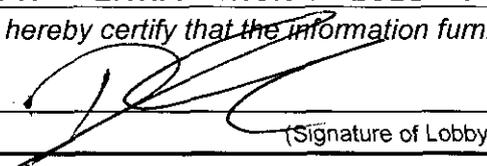
LOBBYIST REGISTRATION FORM

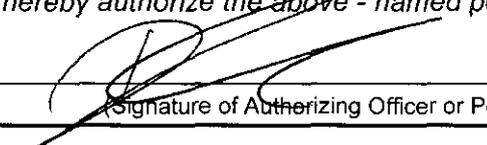
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) Naten	(First) Derek	(Middle)
TELEPHONE 916-447-1611		
MAILING ADDRESS (Street) 1201 K Street Suite 1030		FAX 916-447-1661
(City) Sacramento		(State) CA
		(Zip Code) 95814
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) NA		TELEPHONE
MAILING ADDRESS (Street)		FAX
		EMAIL
(City)		(State)
		(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Bayer HealthCare LLC		TELEPHONE 914-333-6924
MAILING ADDRESS (Street) 555 White Plains Road		FAX 914-366-1882
(City) Tarrytown		(State) NY
		(Zip Code) 10591
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Eleanor Joseph		TELEPHONE 404-636-5044
MAILING ADDRESS (Street) 1918 Connemara Drive		FAX 678-816-1719
(City) Chamblee		(State) GA
		(Zip Code) 30341

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input checked="" type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	<u>Pharmaceuticals</u>

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
	<u>1/17/13</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Raymond Frost,	VP Government Affairs and Public Policy	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Bayer HealthCare LLC	973-305-5037	
MAILING ADDRESS (Street)	FAX	
555 White Plains Road	973-305-5120	
	EMAIL	
	raymond.frost@bayer.com	
(City)	(State)	(Zip Code)
Tarrytown	NY	10591
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
	<u>1/17/13</u>	
(Signature of Authorizing Officer or Person Represented)	(Date)	