

GOVERNMENT OF THE DISTRICT OF COLUMBIA
BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY
WASHINGTON, D.C. 20001

Year 2013

Original
 Amendment

LOBBYIST ACTIVITY REPORT *

(See next page for instructions)

ID# LOB000121378

Type of Report: January 10th If you are filing a January Report, please indicate whether you intend to lobby in the upcoming calendar year. Yes No

July _____

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)
(Street Address) (City, State, Zip Code)

2. Lobbyist (s) Working for Registrant: Attach a Supplemental Sheet if additional space is needed.

(a) Name Joseph Cleary (b) Name _____

Address 61 Hannah Niles Way Address _____
(Street Address) (Street Address)

Braintree, MA 02184 _____
(City, State, Zip Code) (City, State, Zip Code)

Daytime Phone Number 781-356-0161 Daytime Phone Number _____

3. Person Compensating Registrant

(a) Name Bayer HealthCare LLC (b) Daytime Phone Number 973-305-5037

(c) Address 555 White Plains Road Tarrytown, NY 10591
(Street Address) (City, State, Zip Code)

(d) Nature of Business Pharmaceutical manufacturer

4. Terms of Compensation: (a) Pro-rated based on time spent lobbying (b) Ongoing
Salary Duration of Employment

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

Pharmaceuticals, Healthcare

* REMINDER – Each new or previously registered Lobbyist must file a Lobbyist Registration Form by January 15th of each year.

6. Identify the official and title, if known, in the Executive or Legislative Branch with whom the registrant has had oral or written communication during the reporting period relating to lobbying activities, and the date that communication was made. Attach a Supplemental Sheet if additional space is needed.

Name <u>N/A</u>	Date _____
Name _____	Date _____

- 7. Total compensation/receipts paid to the Lobbyist for lobbying during the reporting period: \$ 0.00
(Schedule A)
- 8. Total of other compensation/receipts received for lobbying services and compensation paid to others: \$ 0.00
(Schedule A-1)
- 9. Total amount of Loans received by the Lobbyist in connection with lobbying during the reporting period: \$ 0.00
(Schedule A-2)
- 10. Total receipts (Add Lines 7, 8, and 9) \$ 0.00
- 11. Total of expenditures made for purposes of lobbying during the reporting period: \$ 0.00
(Schedule B)
- 12. Total of other expenditures related to lobbying activities: \$ 0.00
(Schedule B-1)
- 13. Total expenditures (Add Lines 11 and 12) \$ 0.00

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LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE 3 OF 8
SCHEDULE A – COMPENSATION/RECEIPTS PAID TO THE LOBBYIST FOR LOBBYING:

YEAR: 2013

Type of Report: January 10th July _____

Period Covering: 7/1/2012 through 12/31/2012

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: Bayer HealthCare LLC

COMPENSATION/RECEIPTS PAID FOR LOBBYING (AMOUNTS MAY BE ROUNDED OFF TO WHOLE DOLLARS)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)						
N/A					0.00	
FEES/RETAINER	COMPENSATION					
\$	\$				\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION					
\$	\$				\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION					
\$	\$				\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION					
\$	\$				\$	\$
TOTAL RECEIPTS RECEIVED FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 7)					\$	\$ 0.00

IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET (SEE NEXT PAGE FOR INSTRUCTIONS)

BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY
LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE 4 OF 8
SCHEDULE A-1 -- LOBBYIST COMPENSATION/RECEIPTS RECEIVED FOR
LOBBYIST SERVICES AND COMPENSATION PAID TO OTHERS:

YEAR: 2013

Type of Report: January 10th July _____

Period Covering: 7/1/2012 through 12/31/2012

LOBBYIST/EMPLOYEE LOBBYIST'S

NAME: Bayer HealthCare LLC

OTHER COMPENSATION/RECEIPTS RECEIVED BY THE LOBBYIST AND/OR LOBBYIST EMPLOYEE AND PAID BY THE COMPENSATING REGISTRANT FOR LOBBYIST ACTIVITIES IN THE DISTRICT

EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER						TOTAL THIS PERIOD	CUMULATIVE TOTAL
						0.00	
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER						TOTAL THIS PERIOD	CUMULATIVE TOTAL
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER						TOTAL THIS PERIOD	CUMULATIVE TOTAL
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER						TOTAL THIS PERIOD	CUMULATIVE TOTAL
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
TOTAL OTHER COMPENSATION/RECEIPTS RECEIVED FOR LOBBYING						\$	\$ 0.00
(CARRY TOTAL FORWARD TO LINE 8)							

IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET A-1 (SEE NEXT PAGE FOR INSTRUCTIONS)

REV. 12/2012

BEGA Form

INSTRUCTIONS FOR SCHEDULE A-1

1. Enter the Type of Report and the covering period for this report. All activity from the ending coverage date of the last report filed must be included.

SCHEDULE A-2 LOANS RECEIVED BY THE LOBBYIST

YEAR: 2013

Type of Report: January 10th July _____

Period Covering: 7/1/2012 through 12/31/2012

LOBBYIST/EMPLOYEE LOBBYIST
NAME: Bayer HealthCare LLC

LOANS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY. N/A					TOTAL LOANS THIS PERIOD TOTAL	CUMULATIVE LOAN TOTAL
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
LOAN						
\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
LOAN						
\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
LOAN						
\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
LOAN						
\$	\$	\$	\$	\$	\$	\$
TOTAL LOANS RECEIVED FOR THE PERIOD (CARRY TOTAL FORWARD TO LINE 9)						
<input type="checkbox"/> IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET (SEE REVERSE SIDE FOR INSTRUCTIONS)					\$	\$
					0.00	

Period Covering: 7/1/2012 through 12/31/2012

COMPENSATING REGISTRANT'S NAME: Bayer HealthCare LLC

PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES				
N/A				
ACTIVITY EXPENSES INCURRED, OR PAID BY THE COMPENSATING REGISTRANT TO THE LOBBYIST AND/OR IN-HOUSE EMPLOYEE LOBBYIST FOR ACTIVITIES RELATIVE TO LOBBYING ACTIVITIES IN THE DISTRICT OF COLUMBIA.				
DATE	NAME AND ADDRESS OF PAYEE	PURPOSE OF COMPENSATION	TOTAL THIS PERIOD	CUMULATIVE TOTAL
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
TOTAL EXPENDITURES PAID FOR LOBBYING			0.00	\$
(CARRY TOTAL FORWARD TO LINE 11)				\$

IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET (SEE NEXT PAGE FOR INSTRUCTIONS)

REV. 12/2012

BEGA Form

INSTRUCTIONS FOR SCHEDULE B

The term "EXPENDITURE" includes any payments made relative to lobbying activities.

1. Enter the Type of Report and the covering period for this report. All activity from the ending coverage date of the last report must be included.
2. You must itemize all expenses arranged, incurred, and paid by you during the period.

BOARD OF ETHICS AND
GOVERNMENT
ACCOUNTABILITY
LOBBYIST ACTIVITY REPORT
SCHEDULE C YEAR 2013
(See next page for Instructions)

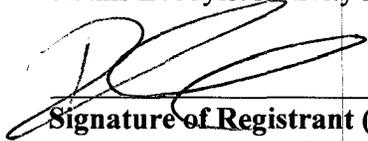
Type of Report January 10th July _____

Covering Period 7/1/2012 through 12/31/2012

LOBBYIST/COMPENSATING'S REGISTRANT'S NAME: Bayer HealthCare LLC

DATE	NAME	NATURE OF EMPLOYMENT WITH REGISTRANT
N/A		

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



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 7 day of January, 2013

My commission Expires: March 11, 2014
Mariafinita Mancari
Notary Public

MARIAFINITA MANCARI
NOTARY PUBLIC, STATE OF NEW YORK
No. 01MA6070945
QUALIFIED IN ORANGE COUNTY
MY COMMISSION EXPIRES MARCH 11, 2014