LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

FOR OFFICE USE ONLY
Postmark Date: 12/04/06
REN-07
Ck#s 1420, 1374
Total $110.00
PMB

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Instructions

- Print in ink or type.
- Complete form and return with $110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Corley (Last) William (First) R (MI)

2. BUSINESS PHONE 501-225-1607 (Area Code and Phone Number)

3. BUSINESS ADDRESS 58 Wellington Colony Drive (Street and No.), Little Rock (City), AR (State) 72211 (Zip)

MAILING ADDRESS 58 Wellington Colony Drive (Street and No.), Little Rock (City), AR (State) 72211 (Zip)

4. EMPLOYER Bayer Corp. Pharm. Div., Bayer HealthCare LLC

5. EMPLOYER'S ADDRESS 400 Morgan Lane (Street and No.), West Haven (City), CT (State) 06516 (Zip)

2006 DEC -5 PM 1:02
ETHICS ADMINISTRATION
CAMPAIGN FINANCE
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6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Bayer Corporation Pharmaceutical Division, Bayer HealthCare LLC

Address 400 Morgan Lane, West Haven, CT 06516

Business or purpose Pharmaceutical manufacturer

Does this person pay you? yes

If No, who pays you? _____

Form 600, Rev. 102002

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2. Name_____

   Address_____

   Business or purpose_____

   Does this person pay you?_____

   If No, who pays you?_____

3. Name_____

   Address_____

   Business or purpose_____

   Does this person pay you?_____

   If No, who pays you?_____

4. Name_____

   Address_____

   Business or purpose_____

   Does this person pay you?_____

   If No, who pays you?_____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

_____
Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE
FOR
INITIAL
REGISTRATION
ONLY

Form 500, Rev. 10/2022