§2131. Executive Lobbying Registration/Renewal **AMENDMENT** #217

EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2006 (Fill in year.)

[redacted]

FOR OFFICE USE ONLY
Postmark Date 02/28/06
Reg. 2006
V#10806
$110.00 WT
3060256

2006 MAR 29 AM 10:05

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, or fax to (225) 763-8787. For information or assistance, call (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 BAUER (Last) SCHELBIE (First) A. (MI)
2. BUSINESS PHONE 409-673-8354 (Area Code and Phone Number)
3. FAX NUMBER 409-296-8878
4. BUSINESS ADDRESS 1790-A BAUER RD. (Street and No.) WINNIE (City) TX (State) 77665 (Zip)

   MAILING ADDRESS 1790-A BAUER RD. (Street and No.) WINNIE (City) TX (State) 77665 (Zip)
5. EMPLOYER ASTRAZENECA
6. EMPLOYER'S ADDRESS 1800 CONCORD PIKE (Street and No.) WILMINGTON (City) DE (State) 19850 (Zip)
7. LIST BELOW (a) Names of persons, groups, or organizations which you represent and on whose behalf expenditures are made; (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 ASTRAZENECA

   Address 1800 CONCORD PIKE WILMINGTON, DE 19850

   Business or purpose ~~PHARMACEUTICAL SALES REPRESENTATIVE~~

   Does this person pay you? YES

   If No, who pays you?

To educate Health Care providers about the atypical Seroquel & provide educational resources on & information the medicine & disease states of Schizophrenia & Bipolar disorder.

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   Street and No. City State Zip

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   Business or purpose PHARMACEUTICAL SALES REPRESENTATIVE

   Does this person pay you? YES

   If No, who pays you? _____

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EXECUTIVE LOBBYING REGISTRATION FORM

2. Name N/A

Address

Business or purpose

Does this person pay you?

If No, who pays you?

3. Name N/A

Address

Business or purpose

Does this person pay you?

If No, who pays you?

4. Name N/A

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 LSA-R.S. 49:71 et seq. has been deliberately omitted.

Schelbie Bauer

Signature of Lobbyist

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AMENDMENT

EXECUTIVE LOBBYING REGISTRATION FORM

2. Name N/A

Address

Business or purpose

Does this person pay you?

If No, who pays you?

3. Name N/A

Address

Business or purpose

Does this person pay you?

If No, who pays you?

4. Name N/A

Address

Business or purpose

Does this person pay you?

If No, who pays you?

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Signature of Lobbyist

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