

# EXECUTIVE LOBBYING EMPLOYER/PRINCIPAL'S EXPENDITURE REPORT FORM 508

- COVERING JANUARY 1 THROUGH JUNE 30, 2008 - DUE AUGUST 15  
 COVERING JANUARY 1 THROUGH DECEMBER 31, \_\_\_\_\_ - DUE FEBRUARY 15

Pursuant to LSA-R.S. 49:76G(2)(a), an employer or principal of a lobbyist may elect to file the Lobbying Expenditure Reports as required by Title 49 on behalf of all of its lobbyists. This reporting form is only to be used by principals or employers who have exercised this option by timely filing the Executive Lobbying Expenditure Reporting Designation Form and are reporting on behalf of their registered executive lobbyists.

Hand deliver or mail to: 2415 Quail Drive, 3<sup>rd</sup> Floor, Baton Rouge, LA 70808  
OR  
Fax to: (225) 763-8787 or (225) 763-8780

1. EMPLOYER/PRINCIPAL AstraZeneca Pharmaceuticals, LP
2. BUSINESS ADDRESS 1800 Concord Pike, P.O. Box 15437, Wilmington, Delaware 19850-5737  
Street and No. City State Zip
- MAILING ADDRESS Same as above  
Street and No. City State Zip
3. CONTACT PERSON: Fish Amber K.  
Last First MI
4. MAILING ADDRESS 80 South Summit Street, Suite 100 Akron, Ohio 44308  
*(If different from above)* Street and No. City State Zip
5. PHONE NUMBER (330) 761-9960  
Area Code and Phone Number

FOR OFFICE USE ONLY  
Postmark Date: 08/11/08

EX (08/06)

**3061269**

6. List the names and executive lobbyist registration numbers of the lobbyists on whose behalf this report is filed:

- |          |                |                  |    |                      |
|----------|----------------|------------------|----|----------------------|
| 1) Name: | <u>Barnett</u> | <u>Stephanie</u> | B. | EXEC.ID.# <u>212</u> |
|          | Last           | First            | MI |                      |
| 2) Name: | <u>Barrow</u>  | <u>Patricia</u>  | L. | EXEC.ID.# <u>211</u> |
|          | Last           | First            | MI |                      |
| 3) Name: | <u>Bauer</u>   | <u>Schalbe</u>   | A. | EXEC.ID.# <u>217</u> |
|          | Last           | First            | MI |                      |

4) Name:	Beatty	Toni	A.	EXEC.ID.# 242
	Last	First	MI	
5) Name:	Bird	Kath	A.	EXEC.ID.# 271
	Last	First	MI	
6) Name:	Blistan	Beth	M.	EXEC.ID.# 230
	Last	First	MI	
7) Name:	Bonin	Loree	B.	EXEC.ID.# 199
	Last	First	MI	
8) Name:	Braud	Jeffrey	M.	EXEC.ID.# 195
	Last	First	MI	
9) Name:	Braun	Amty	N.	EXEC.ID.# 221
	Last	First	MI	
10) Name:	Burleigh	Julie	G.	EXEC.ID.# 203
	Last	First	MI	

7. PROVIDE BELOW: (a) the aggregate total of all expenditures during the January 1 - June 30 reporting period; (b) the aggregate total of all expenditures during the July 1 - December 31 reporting period when applicable; (c) the aggregate total of all expenditures made by the principal/employer in a calendar year.

- a. Total of all executive lobbying expenditures made January 1 through June 30: \$ See signature page  
 (Include expenditures from Schedules A and B)
- b. Total of all executive lobbying expenditures made July 1 through December 31: \$ \_\_\_\_\_  
 (When Applicable) (Include expenditures from Schedules A and B)
- c. Total of all executive lobbying expenditures made during calendar year: \$ \_\_\_\_\_  
 (Line "a" added to Line "b" should equal Line "c")

B. COMPLETE AN ATTACHMENT FORM for each of your registered executive lobbyists.

### **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.

Signature continued on following pages

\_\_\_\_\_  
 Signature of Employer/Principal or Representative

\_\_\_\_\_  
 Print or Type Full Name

4) Name:	Campo	Steven	M.	EXEC.ID.#	205
	Last	First	MI		
5) Name:	Contrelle	Kevin	M.	EXEC.ID.#	315
	Last	First	MI		
6) Name:	Caplel	David	M.	EXEC.ID.#	207
	Last	First	MI		
7) Name:	Carter	Susan	T.	EXEC.ID.#	220
	Last	First	MI		
8) Name:	Cordell	Mist	S.	EXEC.ID.#	270
	Last	First	MI		
9) Name:	Cyrus	Kerry	J.	EXEC.ID.#	216
	Last	First	MI		
10) Name:	Darnall, Sr.	Robert	C.	EXEC.ID.#	233
	Last	First	MI		

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\_\_\_\_\_  
Print or Type Full Name

4) Name:	<u>Eley, Jr.</u>	<u>James</u>	<u>W.</u>	EXEC.ID.# <u>234</u>
	Last	First	MI	
5) Name:	<u>Finley</u>	<u>Bart</u>	<u>S.</u>	EXEC.ID.# <u>214</u>
	Last	First	MI	
6) Name:	<u>Fowler</u>	<u>Lisa</u>	<u>L.</u>	EXEC.ID.# <u>235</u>
	Last	First	MI	
7) Name:	<u>George</u>	<u>Charles</u>	<u>E.</u>	EXEC.ID.# <u>200</u>
	Last	First	MI	
8) Name:	<u>Guerrero</u>	<u>Luke</u>	<u>W.</u>	EXEC.ID.# <u>228</u>
	Last	First	MI	
9) Name:	<u>Hall</u>	<u>Allison</u>	<u>C.</u>	EXEC.ID.# <u>215</u>
	Last	First	MI	
10) Name:	<u>Hebert</u>	<u>Mark</u>	<u>A.</u>	EXEC.ID.# <u>210</u>
	Last	First	MI	

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Signature continued on following pages

\_\_\_\_\_  
 Signature of Employer/Principal or Representative

\_\_\_\_\_  
 Print or Type Full Name

4) Name:	Helmke	Rachel	R.	EXEC.ID.# 244
	Last	First	MI	
5) Name:	Hohorst	Ashley	A.	EXEC.ID.# 219
	Last	First	MI	
6) Name:	Hull	Dennis	R.	EXEC.ID.# 243
	Last	First	MI	
7) Name:	Humphries	Judi	P.	EXEC.ID.# 249
	Last	First	MI	
8) Name:	Kleinpeter	Stephen	M.	EXEC.ID.# 225
	Last	First	MI	
9) Name:	Liles	Jessica	F.	EXEC.ID.# 198
	Last	First	MI	
10) Name:	Manguno	Rebecca	M.	EXEC.ID.# 227
	Last	First	MI	

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\_\_\_\_\_  
Signature of Employer/Principal or Representative

\_\_\_\_\_  
Print or Type Full Name

4) Name:	Mayer	Amy	F.	EXEC.ID.#	187
	Last	First	MI		
5) Name:	McAllister	Charles	E.	EXEC.ID.#	208
	Last	First	MI		
6) Name:	McCullough	Candace	L.	EXEC.ID.#	201
	Last	First	MI		
7) Name:	McDonald	Michael	J.	EXEC.ID.#	269
	Last	First	MI		
8) Name:	Milton	Rebecca	B.	EXEC.ID.#	229
	Last	First	MI		
9) Name:	O'Toole Benoit	Karen	A.	EXEC.ID.#	301
	Last	First	MI		
10) Name:	Puckett	Chad	E.	EXEC.ID.#	228
	Last	First	MI		

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Signature continued on following pages

\_\_\_\_\_  
Signature of Employer/Principal or Representative

\_\_\_\_\_  
Print or Type Full Name

4) Name:	<u>Ragusa</u>	<u>Jeri</u>	<u>L.</u>	EXEC.ID.# <u>196</u>
	Last	First	MI	
5) Name:	<u>Rarehide</u>	<u>Jennifer</u>		EXEC.ID.# <u>202</u>
	Last	First	MI	
6) Name:	<u>Rossie</u>	<u>Tracey</u>	<u>S.</u>	EXEC.ID.# <u>206</u>
	Last	First	MI	
7) Name:	<u>Seay</u>	<u>Nicholas</u>	<u>H.</u>	EXEC.ID.# <u>314</u>
	Last	First	MI	
8) Name:	<u>Silvio</u>	<u>Jeffrey</u>	<u>D.</u>	EXEC.ID.# <u>213</u>
	Last	First	MI	
9) Name:	<u>Sins</u>	<u>Amy</u>	<u>C.</u>	EXEC.ID.# <u>231</u>
	Last	First	MI	
10) Name:	<u>Smith</u>	<u>Clark</u>	<u>E.</u>	EXEC.ID.# <u>250</u>
	Last	First	MI	

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Signature continued on following pages

\_\_\_\_\_  
Signature of Employer/Principal or Representative

\_\_\_\_\_  
Print or Type Full Name

4) Name:	Soileau	William	L.	EXEC.ID.# 218
	Last	First	MI	
5) Name:	Spencer	Adriane		EXEC.ID.# 438
	Last	First	MI	
6) Name:	Targerson	Michael	D.	EXEC.ID.# 241
	Last	First	MI	
7) Name:	Townson	Jennifer	L.	EXEC.ID.# 209
	Last	First	MI	
8) Name:	Triplett	David	W.	EXEC.ID.# 224
	Last	First	MI	
9) Name:	Usia	Kenneth	J.	EXEC.ID.# 223
	Last	First	MI	
10) Name:	Viator	Lori	L.	EXEC.ID.# 222
	Last	First	MI	

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Signature continued on following pages

\_\_\_\_\_  
 Signature of Employer/Principal or Representative

\_\_\_\_\_  
 Print or Type Full Name

4) Name: Wall Stephan E. EXEC.ID.# 232  
 Last First MI

5) Name: Zaunbrecher Therese M. EXEC.ID.# 204  
 Last First MI

6) Name: Rosenau Samuel C. EXEC.ID.# 382  
 Last First MI

7) Name: Schifer Julie EXEC.ID.# \_\_\_\_\_  
 Last First MI

8) Name: N/A EXEC.ID.# \_\_\_\_\_  
 Last First MI

9) Name: N/A EXEC.ID.# \_\_\_\_\_  
 Last First MI

10) Name: N/A EXEC.ID.# \_\_\_\_\_  
 Last First MI

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a. Total of all executive lobbying expenditures made January 1 through June 30: \$ \$81,754.34  
 (Include expenditures from Schedules A and B)

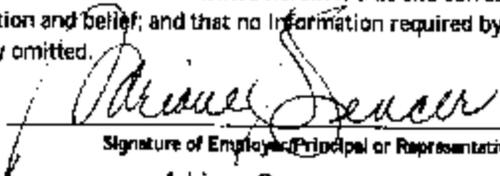
b. Total of all executive lobbying expenditures made July 1 through December 31: \$ N/A  
 (When Applicable) (Include expenditures from Schedules A and B)

c. Total of all executive lobbying expenditures made during calendar year: \$ \$81,754.34  
 (Line "a" added to Line "b" should equal Line "c")

B. COMPLETE AN ATTACHMENT FORM for each of your registered executive lobbyists.

**CERTIFICATION OF ACCURACY**

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 \_\_\_\_\_  
 Signature of Employer/Principal or Representative  
 Adriane Spencer  
 \_\_\_\_\_  
 Print or Type Full Name

# EXECUTIVE LOBBYING EMPLOYER/PRINCIPAL'S EXPENDITURE REPORT ATTACHMENT

This Attachment is to be used to complete Item #8 of Form 508, the report form for principals and employers who have elected to report on behalf of their executive lobbyists. Make as many copies of this form as needed for the completion of the expenditure report. Identify each page with a number and indicate the total number of pages being submitted.

1) LOBBYIST: Bauer Schelbie A. EXEC ID # 217  
Last First MI

A. Total of all executive lobbying expenditures made January 1 through June 30: \$ 836.33  
(Include expenditures from Schedules A and B)

Total of all executive lobbying expenditures made July 1 through December 31: \$ N/A  
(When Applicable) (Include expenditures from Schedules A and B)

Total of all executive lobbying expenditures made during calendar year: \$ 836.33  
(Adding above expenditure lines should equal this total.)

B. Did this lobbyist make an expenditure exceeding \$50 on one occasion for an executive branch official:

From January 1 through June 30?  Yes  No  
 From July 1 through December 31?  Yes  No  NA

If the answer to either question in B above is YES, complete Schedule A and attach.

C. Did this lobbyist make expenditures exceeding the sum of \$250 for an executive branch official:

From January 1 through June 30? Yes  No   
 From July 1 through December 31? Yes  No  NA

If the answer to either question in C above is YES, complete Schedule A and attach.

D. Did this lobbyist expend funds for any reception, social gathering, or other function to which more than twenty-five executive branch officials were invited during this reporting period?

Yes  No

If the answer to D above is YES, complete Schedule B and attach.

RECEIVED  
 EXECUTIVE LOBBYING  
 DIVISION  
 11/15/04

E. PROVIDE BELOW (a) the name of the executive branch department as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the department made by this lobbyist during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the department made by this lobbyist during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made by this lobbyist in a calendar year attributable to the department.

- 1) a. Name of Department: Department of Health and Hospitals  
 b. Total of all expenditures made January 1 through June 30: \$ 836.33  
 c. Total of all expenditures made July 1 through December 31: \$ N/A  
 (When applicable)  
 d. Total of all expenditures made during the calendar year: \$ 836.33
- 2) a. Name of Department: N/A  
 b. Total of all expenditures made January 1 through June 30: \$ \_\_\_\_\_  
 c. Total of all expenditures made July 1 through December 31: \$ \_\_\_\_\_  
 (When applicable)  
 d. Total of all expenditures made during the calendar year: \$ 0.00
- 3) a. Name of Department: N/A  
 b. Total of all expenditures made January 1 through June 30: \$ \_\_\_\_\_  
 c. Total of all expenditures made July 1 through December 31: \$ \_\_\_\_\_  
 (When applicable)  
 d. Total of all expenditures made during the calendar year: \$ 0.00
- 4) a. Name of Department: N/A  
 b. Total of all expenditures made January 1 through June 30: \$ \_\_\_\_\_  
 c. Total of all expenditures made July 1 through December 31: \$ \_\_\_\_\_  
 (When applicable)  
 d. Total of all expenditures made during the calendar year: \$ 0.00

F. PROVIDE BELOW (a) the name of the executive branch department and individual agency as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the agency made by this lobbyist during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the agency made by this lobbyist during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made by this lobbyist in a calendar year attributable to the agency.

1) a. Name of Department and Individual Agency: Department of Health and Hospitals,  
Beauregard Mental Health Center

b. Total of all expenditures made January 1 through June 30: \$ 243.21

c. Total of all expenditures made July 1 through December 31:  
(When applicable) \$ N/A

d. Total of all expenditures made during the calendar year: \$ 243.21

2) a. Name of Department and Individual Agency: Department of Health and Hospitals,  
Lake Charles Mental Health Center

b. Total of all expenditures made January 1 through June 30: \$ 593.12

c. Total of all expenditures made July 1 through December 31:  
(When applicable) \$ N/A

d. Total of all expenditures made during the calendar year: \$ 593.12

3) a. Name of Department and Individual Agency: N/A

b. Total of all expenditures made January 1 through June 30: \$ \_\_\_\_\_

c. Total of all expenditures made July 1 through December 31:  
(When applicable) \$ \_\_\_\_\_

d. Total of all expenditures made during the calendar year: \$ 0.00

4) a. Name of Department and Individual Agency: N/A

b. Total of all expenditures made January 1 through June 30: \$ \_\_\_\_\_

c. Total of all expenditures made July 1 through December 31:  
(When applicable) \$ \_\_\_\_\_

d. Total of all expenditures made during the calendar year: \$ 0.00

Executive Lobbyist: Bauer

Schelbie

A.

Exec. Id #: 217

Last

First

MI

### SCHEDULE A: EXPENDITURES FOR EXECUTIVE BRANCH OFFICIALS

This schedule must be completed if, during the period January 1 through June 30 or the period July 1 through December 31, one of your registered executive lobbyists made either a) an expenditure for any executive branch official exceeding \$50 on any one occasion or b) aggregate expenditures exceeding \$250 for any one executive branch official during a reporting period, then you must provide the name of the lobbyist who made the expenditure(s) and the aggregate total of expenditures made on that individual in that reporting period. Make as many copies as are necessary. Each lobbyist should have his own Schedule A if one is required. NOTE: Report covering July - December is cumulative. You must include reportable expenditures from the first half of the year in Column #3.

1. EXECUTIVE OFFICIAL'S NAME	2. OFFICIAL'S AGENCY AS LISTED IN THE EXECUTIVE BRANCH SCHEDULE	3. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER \$50 ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING \$250 BETWEEN JANUARY 1 AND JUNE 30	4. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER \$50 ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING \$250 BETWEEN JULY 1 AND DECEMBER 31	5. TOTAL OF COLUMNS 3 AND 4
John Bouras	Beauregard Mental Health Center	\$243.21		\$243.21
Carol Leblche	Lake Charles Mental Health Center	\$253.88		\$253.88
Bruce Wlley	Lake Charles Mental Health Center	\$253.88		\$253.88