

99 AUG 16 PM 12:54

**LOBBYING REPORT** H.D.

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name Public Strategies Washington, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported 633 Pennsylvania Avenue, N.W. Washington, D.C. 20004			
3. Principal Place of Business (if different from line 2) City: N/A State/Zip (or Country)			
4. Contact Name Lucie Anan	Telephone (202) 783-2596	E-mail (optional)	5. Senate ID # 32486-164
7. Client Name <input type="checkbox"/> Self Bristol-Myers Squibb Company			6. House ID # 32100023

TYPE OF REPORT 8. Year 1999 Midyear (January 1-June 30)  OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  => Termination Date \_\_\_\_\_ 11. No Lobbying Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/> <u>\$30,000</u></p> <p>\$10,000 or more <input checked="" type="checkbox"/> =&gt; \$ <u>30,000</u></p> <p style="text-align: center;"><small>Income (nearest \$20,000)</small></p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> =&gt; \$ _____</p> <p style="text-align: center;"><small>Expenses (nearest \$20,000)</small></p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature Lucie Anan

Printed Name and Title Lucie Anan, Executive Assistant

Registrant Name Public Strategies Client Name Bristol-Myers Squibb Company

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

\*Health Care Reform

17. House(s) of Congress and Federal agencies contacted  Check if None

- \*US Senate
- \*US House of Representatives
- \*Department of Health and Human Services

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New
Joe O'Neill		<input type="checkbox"/>
Doug Bennett		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

Signature N/A/ Lucie Anan Date 8/9/99  
Printed Name and Title Lucie Anan, Executive Assistant

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

N/A

21. Client new principal place of business (if different from line 20)

City N/A

State/Zip (or Country)

22. New general description of client's business or activities

N/A

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

N/A

*Doug Bennett*

**ISSUE UPDATE**

24. General lobbying issues previously reported that no longer pertain

N/A

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)
N/A		

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

N/A

**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client
N/A				

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, client or affiliated organization

N/A

Signature

*Lucie Anan*

Date

*8/9/99*

Printed Name and Title

Lucie Anan, Executive Assistant