

Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

SECRETARY OF THE
03 AUG 14 PM 2:

LOBBYING REPORT

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

1. Registrant Name FoxKiser			
2. Address <input type="checkbox"/> Check if different than previously reported 750 17th Street, NW, Suite 1100			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC, 20006			
4. Contact Name Jeremy Nethermark Dott	Telephone (202) 778-2326	E-mail (optional) JDott@FoxKiser.com	5. Senate ID # 5178
7. Client Name <input type="checkbox"/> Self Bristol-Myers Squibb Company			6. House ID # 34815

TYPE OF REPORT 8. Year 2003 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 ☐

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)</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>13. Organizations</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"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature _____

Printed Name and Title

John Daniel Kiser, Partner

LD-2 (REV. 6/98)

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Registrant Name FoxKiser 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 BUD (one per page)

16. Specific lobbying issues

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

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

Name

Covered Official Position (if applicable)

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature _____ Date _____

Printed Name and Title _____

Form LD-2 (Rev. 6/98)

Page .

Registrant Name FoxKiser Client Name Bristol-Myers Squibb Company

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

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

16. Specific lobbying issues

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17. House(s) of Congress and Federal agencies contacted

☒ Check if None

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

Name

Covered Official Position (if applicable)

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature _____ Date _____

Printed Name and Title _____

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Registrant Name FoxKiser Client Name Bristol-Myers Squibb Company

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

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

16. Specific lobbying issues

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17. House(s) of Congress and Federal agencies contacted

☒ Check if None

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

Name

Covered Official Position (if applicable)

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature _____ Date _____

Printed Name and Title _____

Form LD-2 (Rev.6/98)

Page .

Registrant Name FoxKiser Client Name Bristol-Myers Squibb Company

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

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

16. Specific lobbying issues

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17. House(s) of Congress and Federal agencies contacted

☒ Check if None

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

Name

Covered Official Position (if applicable)

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature _____ Date _____

Printed Name and Title _____

Form LD-2 (Rev.6/98)

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Registrant Name FoxKiser Client Name Bristol-Myers Squibb Company

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

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

16. Specific lobbying issues

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17. House(s) of Congress and Federal agencies contacted

☒ Check if None

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

Name

Covered Official Position (if applicable)

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19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature

John Daniel Kiser

Date 07/16/2003

Printed Name and Title John Daniel Kiser, Partner

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