

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
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SECRETARY OF THE SENATE

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# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

1. Effective Date of Registration JANUARY 10,

2. House Identification Number \_\_\_\_\_ Senate Identification Number \_\_\_\_\_

## REGISTRANT

3. Registrant name Organization The Nickles Group, LLC

Address 607 14th Street N.W., # 530

City Washington State D.C. Zip 20005

4. Principal place of business (if different than line 3)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. Telephone number and contact name Prefix Full Name

(202) 637-0214 Contact Ms. Jody Hernandez E-mail jody\_hernandez@e

6. General description of registrant's business or activities

Lobbying & business consulting

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the labeled "Self" and proceed to line 10.*  Self

7. Client name American Society of Anesthesiologists

Address 1101 Vermont Avenue, Suite 606

City Washington State D.C. Zip 20005 Country \_\_\_\_\_

8. Principal place of business (if different than line 7)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

9. General description of client's business or activities

Trade Association for Anesthesiologists

## LOBBYISTS

Go to page 3 to add more

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person has served as a "covered executive branch official" or "covered legislative branch official" within two years of a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name			Covered Official Position (if applicable)
First	Last	Suffix	
<u>Stacey</u>	<u>Hughes</u>	<u>Ms.</u>	<u>United States Senate Budget</u>
<u>Hazen</u>	<u>Marshall</u>	<u>Mr.</u>	<u>U.S. Senate Budget Committee, St</u>
<u>Cynthia</u>	<u>Tripedi</u>	<u>Mrs.</u>	



Registrant Name \_\_\_\_\_ Client Name \_\_\_\_\_

**LOBBYING ISSUES** Find the code to select below.

Go to page 3 to add more lobby

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, p

HCR BUD MMM

12. Specific lobbying issues (current and anticipated)

Medicare physician payment  
medical liability reform

**AFFILIATED ORGANIZATIONS**

Go to page 3 to add more org

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans supervises or controls the registrant's lobbying activities?

No ⇒ Go to line 14.

Yes ⇒ Complete the rest of this section for each entity matchir criteria above, then proceed to line 14.

Name	Address	Principal place of Busin (city and state or coun

**FOREIGN ENTITIES**

Go to page 3 to add more for

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13: **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome lobbying activity?

No ⇒ Sign and date the registration.

Yes ⇒ Complete the rest of this section for each en matching the criteria above, then sign and d registration.

Name	Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities
	Street Address City	State/Province	Country		



Printed Name and Title Stacey Hughes, Partner

Stacy Kujala, Feb 15, 2005

Registrant Name \_\_\_\_\_ Client Name \_\_\_\_\_

**ADDITIONAL LOBBYISTS**

*Return to page 2 to finish*

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

First	Name		Covered Official Position (if applicable)
	Last	Suffix	

**ADDITIONAL LOBBYING ISSUES**

*Return to page 2 to finish*

11 Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

Find the code to select below.

**AFFILIATED ORGANIZATIONS**

*Return to page 2 to finish*

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, number 13.

Name	Address	Principal place of business (city and state or country)

**ADDITIONAL FOREIGN ENTITIES**

*Return to page 2 to finish*

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

Name	Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities
	Street Address City	State/Province	Country		

*Add an additional supplemental form*

Printed Name and Title \_\_\_\_\_

