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 TH

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## LOBBYING REGISTRATION Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration			1. Effecti	1. Effective Date of Registration 2/		
2. House Identification Number		37338		Senate Id	Senate Identification Number	
REGISTRANT						
3. Registrant name	The N	Nickles Grou	p, LLC			.,
Address 607 14th	Street, NW, Suite	530	*************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
City Washing	ton		State	DC	Zip 20005	
4. Principal place of			3)			
City			State		Zip	
5. Telephone number	****					
202.637.0	214 Co	ontact Ms.	Jody	Hemandez	E-mail jody_hernandez	@nicklesgi
6. General descriptio Lobbying and bus		isiness or act	ivities	•••••		
* *	elf" and proceed to line 10			ach client. Organi	zations employing in-house lobbyist	s should check t
Address One Inva	care Way P.O. Bo	ox 4028				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
City Elyria			State	ОН	Zip 44036-2125	
8. Principal place of						
City			State		Zip	
9. General description		ess or activit		re products		
section has served	as a "covered execut	ive branch of	ficial" o	r "covered legi e position(s) in	the client identified on line 7. slative branch official" within which the person served.  wered Official Position (if app	two years of
Stacey	Hughes			U.S. Se	enate Budget Committee, [	Opty Staff D
Stacey Hazen	Hughes Marshall				enate Budget Committee, I enate Budget Committee, S	
				U.S. So		Staff Directo

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LD-1DS (Rev. 0403) Page

gistrant Name The Nickles Group, LLC			Client Name Invacare Corporation			
LOBBYING ISS 11. General lobbying iss MMM		applicable codes list	ed in instructions and on th	e reverse side of Form LD-1,		
12. Specific lobbying iss Regulatory and legis	· ·	-				
AFFILIATED O  13. Is there an entity oth a semiannual period	ner than the client th	nat contributes more	than \$10,000 to the lobbyin pervises or controls the regi	ng activities of the registrant in istrant's lobbying activities?		
No ⇔ Go to li	ne 14.	Yes⇔	Complete the rest of this criteria above, then proce	section for each entity matchi eed to line 14.		
Name		Address		Principal place of Busin (city and state or coun		
b) directly o the clien c) is an affi	n entity that: least 20% equitable or indirectly, in who t or any organizatior	le or in major part, p n identified on line 1	3; <b>or</b>	ntified on line 13: <b>OT</b> directs, finances or subsidizes a direct interest in the outcome		
No ⇔ Sign an	d date the registration	on.		rest of this section for each encriteria above, then sign and d		
Name	Ā	Address	Principal place of business (city and state or country	Amount of contribution for lobbying activities		
Signature	Shun bush	Us	Date	411/05		
Printed Name and Titl	Stacey Hug	hes, Partner		•		

LD-1DS (Rev.0403) Page