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 SENATE

05 MAY 19 PM 4: 09

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration		1. Effectiv	ve Date of Registration	4/7/20
2. House Identification Number	37338	Senate Id	entification Number	29333
REGISTRANT 3. Registrant name The	e Nickles Group, LL	.C		
Address 607 14th Street, NW, Sui		1		······································
City Washington	State	DC	Zip 20005	l
4. Principal place of business (if diffe	rent than line 3)			
City	State		Zip	
5. Telephone number and contact nan	ne ,	***************************************		***************************************
202.637.0214 6. General description of registrant's Consulting firm	Contact Ms. Job business or activitie	••••	E-mail mail@nicklesgro	oup.com
CLIENT A Lobbying firm is required to file labeled "Self" and proceed to line 7. Client name Bristol-Myers Squib	10. Self	r each client. Organi :	zations employing in-house lobbyists	s should check th
Address 655 15th St NW				***************************************
City Washington	State	DC	Zip 20005	I
8. Principal place of business (if diffe	erent than line 7)			
City	State		Zip	
9. General description of client's business. Pharmaceuticals company	ness or activities			
LOBBYISTS 10. Name of each individual who has act section has served as a "covered exec a lobbyist for the client, state the exe Name	utive branch official'	'or "covered legistive position(s) in	slative branch official" within	two years of
Stacey Hughes		U.S. S€	enate Budget Committee, D	Deputy Staff
Hazen Marshall	***************************************	U.S. Se	enate Budget Committee, S	Staff Director
Cindi Merifield Tripo		***************************************		

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Registrant Name	ne The Nickles Group, LLC				Client Name Bristol-Myers Squibb			
LOBBYIN			applicable co	des liste	d in instru	ctions and on the	reverse side of Form LD-1,	
HCR	МММ	TAX	BUD	_				
12. Specific lob Medicaid le	• •	c (current and an	• ′					
a semianni	entity other an	than the client the din whole or in	hat contributes				g activities of the registrant it trant's lobbying activities?	
No =	Go to line 1	14.	Ye	Yes Complete the rest of the criteria above, then pro			is section for each entity match seed to line 14.	
	Name		Address				Principal place of Bus (city and state or cou	
FOREIGN 14. Is there an								
a) b) c)	holds at leas directly or ir the client or is an affiliate lobbying act	t 20% equitable adirectly, in who any organizatio e of the client or	ole or in major n identified or any organiza	part, pl	ans, super ; O r	vises, controls, di	ified on line 13: OT rects, finances or subsidizes direct interest in the outcom	
<u> </u>						matching the cregistration.	riteria above, then sign and o	
Nam	e		Address			ncipal place of business d state or country)	Amount of contribution for lobbying activities	
Signature		Stacey Hug	Hyr-	<u> </u>		_ Date		

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