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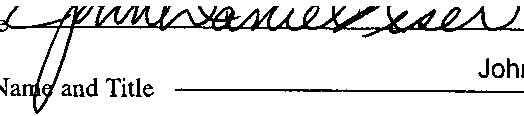
LOBBYING REPORT

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) Washington DC, 20006 City: State/zip (or Country)			
4. Contact Name Jeremy Nethermark Dott	Telephone (202) 778-2326	E-mail (optional) JDott@FoxKiser.com	5. Senate ID # 5178-12
7. Client Name <input type="checkbox"/> Self Bristol-Myers Squibb Company			6. House ID # 34815001

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**

12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ <div style="text-align: center;">Income (nearest \$20,000)</div> 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).	13. Organizations EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ <div style="text-align: center;">Expenses (nearest \$20,000)</div> 14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opti <ul style="list-style-type: none"> <input type="checkbox"/> Method A. Reporting amounts using LDA definitior <input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code
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Signature  Date February 2, 2004

Printed Name and Title John Daniel Kiser, Partner

LD-2 (REV. 4/03)

PAGE 1 of .

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 engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each cod** 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. 4/03)

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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 engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each cod information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

General health care issues relating to disease prevention

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

U.S. House of Representatives
U.S. Senate

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

Name	Covered Official Position (if applicable)
Diane E. Robertson	

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 (Rec. 4/03)

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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 engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each cod** 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 _____

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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 engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each cod** 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 (Rec. 4/03)

Page 5

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 engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each cod** 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)

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

Signature _____ Date 02/02/2004

Printed Name and Title John Daniel Kiser, Partner

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