



16BRI7FDED6

**SECRETARY OF THE COMMONWEALTH
LOBBYIST REGISTRATION FORM (Rev. 4/05)**

Please send the original and a copy with a \$50.00 registration fee, made
Payable to the Treasurer of Virginia to:

*Secretary of the Commonwealth
Attn: Lobbyist Specialist
1111 E. Broad St
4th Floor
Richmond, Virginia 23219*

FOR OFFICE USE ONLY
Principal Notification Date _____
Date Received _____
Fee Paid: Check # _____ **Cash** _____

(1) **PRINCIPAL:** _____ Bristol-Myers Squibb Company

(1a) **What type of business is the principle engaged in:**

Pharmaceuticals, healthcare

Officer of Principal authorizing your employment as a lobbyist, or to whom your expenditures will be reported. *The same name may not appear in items 2 and 5 of this form.*

(2) **Name:** _____ Alan L Tubbs

(2a) **Business Address:** _____ 777 Scudders Mill Rd Plainsboro, NJ 08536

(2b) **Business Telephone:** _____ 6098975207

Officer of Principal who will retain **ALL** records, in behalf of the principal, with respect to your lobbying activities for their organization. If records are physically stored in another location, please so indicate in the space provided by item 3c.

(3) **Name:** _____ Alan L Tubbs

(3a) **Business Address:** _____ 777 Scudders Mill Rd Plainsboro, NJ 08536

(3b) **Business Telephone:** _____ 6098975207

(3c) **Business Address/Telephone number of location where records are stored:**

777 Scudders Mill Road Plainsboro, NJ 08536

6098975207

(4) **Please list the full name(s), business address(es), and telephone number(s) of all other individual(s) that are registered to lobby in behalf of the PRINCIPAL listed in item 1 of your registration form.**

N/A

SECRETARY OF THE COMMONWEALTH
LOBBYIST'S REGISTRATION
Page Two

(5) **LOBBYIST:** _____ Jennifer Briemann _____

(5a) **Business Address:** _____ 3108 Ashburn Lane Pasadena, MD 21122 _____

(5b) **Business Telephone:** _____ 410-255-5191 _____

(5c) **E-Mail Address:** _____ jennifer.briemann@bms.com _____

Individual who will retain ALL records, on behalf of the lobbyist, with respect to your lobbying activities for the afore-designated principal. If records are physically stored in another location, please so indicate in the space provided in item 7d.

(6) **Name:** _____ Alan L Tubbs _____

(6a) **Business Address:** _____ 777 Scudders Mill Road Plainsboro, NJ 08536 _____

(6b) **Business Telephone:** _____ 6098975207 _____

(6c) **Business Address/Telephone number of location where records are stored:**
_____ 777 Scudders Mill Road Plainsboro, NJ 08536 _____

_____ 6098975207 _____

(7) **Matters and purpose for which you expect to lobby:** (be as specific as possible in this response)
All matters related to healthcare and pharmaceuticals.

(8) **As a lobbyist, you are:** (check one)

☒ **Employed** (Lobbyist is on payroll of principal)

☐ **Retained** (Lobbyist is not on payroll of principal, but is compensated)

☐ **Not Compensated** (Lobbyist is not compensated, but expenses may be reimbursed)

(9) **If you are *employed* either part-time or full-time by the principal, please give your job title:**

_____ Associate Director, State Government Affairs & Alliance Development _____

I, the undersigned lobbyist, do state that the information furnished on this registration statement and on any and all accompanying statements attached thereto, is to the best of my knowledge and belief, complete and accurate.

Date: _____ 05/05/2015 _____ Lobbyist's Signature: _____ Jennifer Briemann (Electronically Signed: 5/5/2015 2:40:13 PM UTC) _____