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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant Name Michael E. Grisso (self-employed)			
2. Registrant Address ☒ Check if different than previously reported Address P. O. Box 230010 City Centreville State/Zip (or Country) VA 20120			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name Michael E. Grisso	Telephone 703-802-1682	E-mail (optional) mgrisso@grissoconsulting.com	5. Senate ID # 16976-48
7. Client Name ☐ Self TriWest Healthcare Alliance, Inc.			6. House ID # 32779003

TYPE OF REPORT 8. Year **1999** Midyear (January 1-June 30) ☒ **OR** Year End (July 1-December 31) ☐

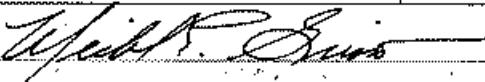
9. Check if this filing amends a previously filed version of this report ☐

10. Check if this is a Termination Report ☐ >> Termination Date _____

11. No Lobbying Activity ☒

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 ☒ \$10,000 or more ☐ >> \$ _____ Income (nearest \$20,000) 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 ☐ \$10,000 or more ☐ >> \$ _____ Expenses (nearest \$20,000) 14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options ☐ Method A. Reporting amounts using LDA definitions only ☐ Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code ☐ Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature



Date **8/16/1999**

Printed Name and Title

Michael E. Grisso - President

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