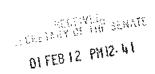
Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

Correction Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20519



LOBBYING REPORT

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

1. Registrant Name		
The Laxalt Corporation		14 154-1
2. Address Check if different than previously reported		
801 Pennsylvania Avenue, N. W	. Suite 750. Washingt	ол. D С 20004
3. Principal Place of Business (if different from line 2)	S CAN LA LANGE LIBERTY	
·	ip (or Ceunary)	
4. Contact Name Feliphone	E-mail (optional)	5. Sepate ID#
	•	22314-137
Michelle D Laxalt 202/393-06	88	6. House ID #
7. Cliens Name Self		
Trimeridian, Inc.		32267012
 Check if this is a Termination Report ☐ ⇒ Termination INCOME OR EXPENSES - Complete Either 	Line 12 OR Line 13	11. No Lobbying Activity Q
12. Lobbying Firms	13. Organi	zations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying ac period were:	tivities for this reporting
Less than \$10,000 🖾 0	Less than \$10,000 🚨	
S10,000 or more S Income (nearest \$20,000)	\$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 Arhill All Printed Name and Title Michelle D. Laxalt, P	resident	

BBYING ACTIVITY. Select as many codes as neces aged in lobbying on behalf of the client during the report armation as requested. Attach additional page(s) as necessarily.	ssary to reflect the general issue areas in which the regis orting period. Using a separate page for each code, pro eded.	trant ovide
General issue area code (one per page))	
Specific lobbying issues		
House(5) of Congress and Federal agencies contacted	d Si Check if None	
. Name of each individual who acted as a lobbyist in t	this issue area	
	1	New
Name	Covered Official Position (if applicable)	New -
Name	1	0
Name	Covered Official Position (if applicable)	
Name	Covered Officeal Position (if applicable) President	0
Name	Covered Official Position (if applicable)	0
Name	Covered Officeal Position (if applicable) President	0
Name	Covered Officeal Position (if applicable) President	0
Name	Covered Officeal Position (if applicable) President	
Name	Covered Officess) Position (if applicable) President	