

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
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SECRETARY OF THE SENATE

05 JUN 23 PM 4:30

# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 5-28-1

2. House Identification Number \_\_\_\_\_

Senate Identification Number \_\_\_\_\_

## REGISTRANT

3. Registrant name ~~301~~ MORHARD & ASSOCIATES, P.L.L.C.

Address 600 WATER STREET, SW #1-07

City WASHINGTON, D.C.

State \_\_\_\_\_

Zip 20024

4. Principal place of business (if different from line 3)

City \_\_\_\_\_

State/Zip (or Country) \_\_\_\_\_

5. Telephone number and contact name

202 714 5555

Contact JAMES MORHARD E-mail (optional) \_\_\_\_\_

6. General description of registrant's business or activities

CORPORATE CONSULTING

**CLIENT** *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should be labeled "Self" and proceed to line 10.*  Self

7. Client name LEXIS NEXIS

Address 1150 18TH STREET NW

City WASHINGTON

State DC

Zip 20036

8. Principal place of business (if different from line 7)

City \_\_\_\_\_

State/Zip (or Country) \_\_\_\_\_

9. General description of client's business or activities

CORPORATE CONSULTING

## LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
<u>JAMES MORHARD</u>	<u>MANAGING PARTNER</u>



Registrant Name JAMES MORHARD Client Name LEXIS NEXIS

**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1

CSP SCI

12. Specific lobbying issues (current and anticipated)

IDENTITY THEFT  
APPROPRIATIONS

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying

- No ⇒ Go to line 14.  Yes ↓ Complete the rest of this section for each entity the criteria above, then proceed to line 14.

Name	Address	Principal Place of Bu: (city and state or co

**FOREIGN ENTITIES**

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13;
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances o activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in of the lobbying activity?

- No ⇒ Sign and date the registration.  Yes ↓ Complete the rest of this section for matching the criteria above, then sig registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature J Morhard Date 5-21-05

Printed Name and Title JAMES MORHARD MANAGING PARTNER

