

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

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 _____

REGISTRANT3. Registrant name ~~301~~ MORHARD & ASSOCIATES, P.L.L.C.Address 600 WATER STREET, SW #1-07City 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 5555Contact 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.* Self7. Client name LEXIS NEXISAddress 1150 18TH STREET NWCity WASHINGTONState DCZip 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 or 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

