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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 Centerville 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	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 ☒	Less than \$10,000 ☐
\$10,000 or more ☐ >> \$ _____ 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 LJA definitions only	
☐ Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code	
☐ Method C. Reporting amounts under section 162(a) of the Internal Revenue Code	

Signature Michael E. Grisso Date 2/14/2000



Printed Name and Title Michael E. Grisso - President Page 1 of 1