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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 <input type="checkbox"/> 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 Grisso	Telephone 703-802-1682	E-mail (optional) mgrisso@grissoconsulting.com	5. Senate ID # 16976-48
7. Client Name <input type="checkbox"/> Self TriWest Healthcare Alliance, Inc			6. House ID # 32779003

TYPE OF REPORT 8. Year ²⁰⁰⁰~~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 <input checked="" type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> >> \$ _____ Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (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).	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. <input type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature Michael E. Grisso
Printed Name and Title **Michael Grisso - President**

Date **8/14/2000**



Registrant Name: Michael E. Grisso (self-employed)

Client Name: TriWest Healthcare Alliance, Inc.

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific Lobbying issues

Issues relating to the costs of processing claims under the TRICARE system

17. House(s) of Congress and Federal agencies contacted
House of Representatives

☐ Check if None

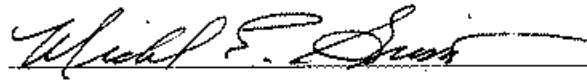
18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New
Grisso, Michael		No

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature



Date 8/14/2000

Printed Name and Title

Michael Grisso - President

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Registrant Name: Michael E. Grisso (self employed)

Client Name: TriWest Healthcare Alliance, Inc

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code INS (one per page)

16. Specific Lobbying issues

17. House(s) of Congress and Federal agencies contacted

☒ Check if None

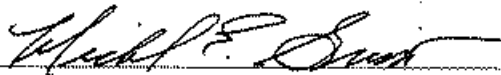
18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature



Date 8/14/2000

Printed Name and Title Michael Grisso - President

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Registrant Name: Michael E. Grisso (self-employed)

Client Name: TriWest Healthcare Alliance, Inc

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code VET (one per page)

16. Specific Lobbying issues

17. House(s) of Congress and Federal agencies contacted

☒ Check if None

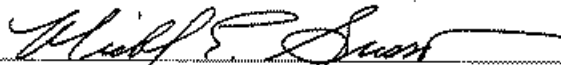
18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature



Date 8/14/2000

Printed Name and Title Michael Grisso - President

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