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05 MAY -5 PH 2: 13

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Che	eck if this is an Amended	Registration		1. Effective	Date	of Registration	4/15/2005
2.	House Identification Nu	mber	·	Senate Iden	tificat	ion Number	
RI	EGISTRANT		• • • • • • • • • • • • • • • • • • • •				
3.	Registrant Name	The Paul Laxalt G	roup				
	Address	801 Pennsylvania A	Avenue, NW Suite 75	50			
	City	Washington		State DC	Zip	20004	USA
4.	Principal place of busin City	ess (if different from l	line 3)	State/Zip (o	r Cou	intry)	
5.	Telephone number and 202/624-0640	contact name Tom Loranger	Contact	E-Mail (opt			
6.	General description of a	egistrant's business o	r activities				
C]		ing firm is required to fi "Self" and proceed to li		n for each clie	ent. Oi	ganizations employing	in-house lobbyists should
7.	Client Name	AGA (American G	aming Association)		<u></u> .		
	Address	555 13th Street, N.	w.			Suite 1010 E	
	City	Washington		State DC	Zip	20004-2209	U.S.A.
8.	Principal place of busin	ess (if different from	line 7)	State/Zip (o	or Cou	intry)	
9.	General description of e						
	OBBYISTS Name of each individual in this section has serve first acting as a lobbyist Name Paul Laxalt Tom Loranger	ed as a "covered execu	utive branch official" o	r "covered le	gislati ion(s)	ive branch official" w	ithin two years of served.
		· · · · · · · · · · · · · · · · · · ·					

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Form LD-1 (Rev. 06/98)

egistrant Name:	The Paul Laxalt Group							
lient Name:	AGA (American Gaming Association)							
LOBBYING 11. General lobby GAM, TOU	ring issue areas. Select all app	plicable codes listed in ins	tructions and on the reverse side of	Form LD-1, page 1.				
-	ring issues (current and antic Regulations relating to the							
13. Is there an en semiannual p	eriod and in whole or major	contributes more than \$1 part plans, supervises, or	0,000 to the lobbying activities of the controls the registrant's lobbying activities.	tivities?				
🔀 No. Go to	o line 14.	☐ Yes.	Complete the rest of this section criteria above, then proceed to lin					
	Name	A	ddress	Principal Place of Busin (city and state or count				
b) dire of th c) is an	oreign entity that: Is at least 20% equitable own ctly or indirectly, in whole on the client or any organization	r in major part, plans, sup identified on line 13; or	y organization identified on line 13; ervises, controls, directs, finances, on In line 13 and has a direct interest in	r subsidizes activities				
🔀 No. Sign	and date the registration.	☐ Yes.	Complete the rest of this section criteria above, the sign and date					
Name		Address	Principal Place of Business (city and state or country)	Amount of contribution for lobbying activities				
Signature	Tom Lorang	0.6	Date	4/19/2005				

Printed Name :	and	I ille
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Form LD-1 (Rev. 06/98)