

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
06 AUG 2006 11:30 AM

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant name	
Organization	American Moving and Storage Association
2. Address <input type="checkbox"/> Check if different than previously reported	
Address 1	1611 Duke Street
City	Alexandria
State	VA
Zip Code	22314
Country	US
3. Principal place of business (if different than line 2)	
City	State
City	State/Zip or Country
Zip Code	Country
4a. Contact Name	
Prefix	Full Name
Mr.	Joseph M. Harrison
b. Telephone number	
703-683-7410	
c. E-mail	
jharrison@moving.org	
5. Senate ID #	
2924-12	
7. Client Name <input checked="" type="checkbox"/> Self	
American Moving and Storage Association	
6. House ID #	
30548001	

TYPE OF REPORT 8. Year **2006** Midyear (January 1-June 30) OR Year End (July 1-December)

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 Acti

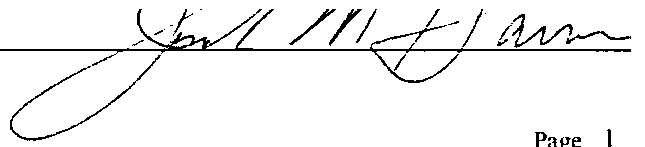
INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇨ \$ _____	\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ 150,000
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 checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions or
	<input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8); Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code

0000223004

Form C

Printed Name and Title Joseph M. Harrison

LD-2DS (Rev. 4.07)



Page 1

Registrant Name _____ Client Name _____

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

15. General issue area code TRA - Transportation (one per page)

16. Specific lobbying issues

add page to continue specific issues description for this issue

Federal household goods consumer protection legislation and departmental regulations

17. House(s) of Congress and Federal agencies contacted None House Senate Other

U.S. House of Representatives
U.S. Senate
Department of Transportation, Federal Motor Carrier Safety Administration
Department of Transportation, Surface Transportation Board

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for ti*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Joseph M.	Harrison		President

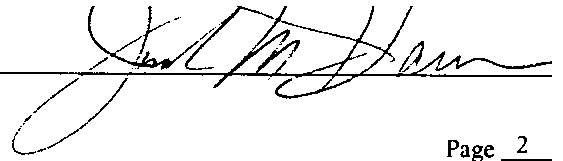
19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

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add a page for a refer

00

Printed Name and Title Joseph M. Harrison



LD-2DS (Rev. 4/07)

Page 2

Registrant Name _____ Client Name _____

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

Address

City

State

Zip Code

Country

21. Client new principal place of business (if different than line 20)

City

State

Zip Code

Country

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

First Name

Last Name

Suffix

First Name

Last Name

Su

1

3

2

4

ISSUE UPDATE

24. General lobbying issues that **no longer** pertain

Find the code to select below.

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z	City State Country
	Address C/S/Z	City State

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

1

2

3

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Street Address City	Address State/Province Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owe per client
			City State Country		

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, or affiliated organization

1

3

5

2

4

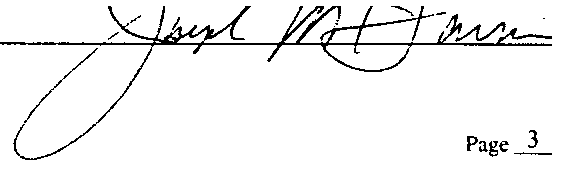
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Handwritten signatures and initials

Printed Name and Title Joseph M. Harrison

LD-2DS (REV. 4.07)



Page 3