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LOBBYING REPORT

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

1. Registrant Name THE FEDERAL AFFAIRS OFFICE	
2. Address <input type="checkbox"/> Check if different than previously reported 6702 CAMEL COURT SPRINGFIELD, VIRGINIA 22152	
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____	
4. Contact Name TOM REED	Telephone (703) 913-4747
E-mail (optional) TWREED@ERQS.COM	5. Senate ID # 45653-2
7. Client Name <input type="checkbox"/> Self SEISMOLOGICAL SOCIETY OF AMERICA	6. House ID # 340900

TYPE OF REPORT 8. Year 2002 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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000

\$10,000 or more → \$ _____
Income (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).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000

\$10,000 or more → \$ _____
Expenses (nearest \$20,000)

14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of

Method A. Reporting amounts using LDA definition

Method B. Reporting amounts under section 603 Internal Revenue Code

Method C. Reporting amounts under section 162 Internal Revenue Code

Signature *[Signature]* 8/13/02

Printed Name and Title TOM REED, PRESIDENT

1 D-2 (REV. 6/98)

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Registrant Name TOM REED Client Name SSA

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 SLI (one per page)

16. Specific lobbying issues

NATIONAL EARTHQUAKE HAZARDS REDUCTION PROGRAM AND RELATED ISSUES

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

Check if None

HOUSE
SENATE
DOI
OSTP
OMB

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

Covered Official Position (if applicable)

Name

TOM REED

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

Check if None

Signature



Date

8/13/02

Printed Name and Title

TOM REED, PRESIDENT

Form LD-2 (Rev.6/98)