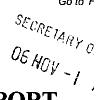
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Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



## **LOBBYING REPORT**

Prefix Ms. First Elizabeth Last La	avach dba ELS&Associates	
2. Address Check if different than previously reported		
Address1 208 East Duncan Avenue #1		
•	/A 20204	
City Alexandria State \	/A Zip Code 22301	Country US
3. Principal place of business (if different than line 2)		
City State City State/7	Zip Code Cip or Country	Country
4a. Contact Name b. Telephone number	c. E-mail	5. Senate ID#
	avach@aol.com	290811-5
7. Client Name Self		6. House ID#
AMTI. Incorporated		3730000
YPE OF REPORT 8, Year 2006 Midyear (Januar	ry I-June30) 🗷 OR Year	r End (July 1-December
9. Check if this filing amends a previously filed version of this report		Life (July 1-Decembe.
	<b></b>	11. No Lobbying Act
INCOME OR EXPENSES - Complete Either Line 1  12. Lobbying Firms	1	•
· -	13. Organ	izations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying ac were:	tivities for this reportin
Less than \$10,000	Less than \$10,000	
Less than \$10,000	Less than \$10,000	
Less than \$10,000 ☐ \$10,000 or more   \$ \$ 40,000	Less than \$10,000 ☐ \$10,000 or more ☐ ⇒ \$	
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20. Client new addre		Complete ONLY wi				
Address						
City		S	itate	Zip Code		Country
21. Client new princ	cipal place of busin	ness (if different than line	20)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
City		5	State	Zip Code	····	Country
22. New general des	scription of client'	s business or activities				
LOBBYIST UP						.1 1*
23. Name of each First Name	previously repor	ted individual who is n	o longer ex	rpected to act	as a lobbyist to	r the clien
			3			
2]			4			
ISSUE UPDATI			Fir	nd the code to	select below.	
24. General lobby	ing issues that no	longer pertain				
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AFFILIATED (						
25. Add the follow		ganization(s)	Address			olace of Bus
25. Add the follow	ving affiliated org	ganization(s)	Address			place of Bus
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25. Add the follow No.	ving affiliated organic	Address C/S/Z Address C/S/Z		affiliated with	(city and City State City State	state or cou
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