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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

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

1. Registrant name			
Prefix	Mr.	First	Russell
		Last	Mueller
2. Address <input type="checkbox"/> Check if different than previously reported			
Address 1 10819 Perrin Circle			
City	Spotsylvania	State	VA
		Zip Code	22553
		Country	USA
3. Principal place of business (if different than line 2)			
City		State	
		Zip Code	
		State/Zip or Country	
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Mr.	Russell J. Mueller	703-627-9767	letsgo123@adelphia.net
7. Client Name <input type="checkbox"/> Self			5. Senate ID #
Washington State Auto Dealers Insurance Trust			295292-51
			6. House ID #
			37459003

**TYPE OF REPORT** 8. Year 2006 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**

<p><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p>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).</p>	<p><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of option</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Revenue Code</p>
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Printed Name and Title Russell J. Mueller, Principal

LD-2DS (Rev. 4.07)

*Russell J. Mueller* 8/11/2006  
Filing #9fc5f4cc-f96e-4ab3-9c28-49f1db9ae1ae - Page 1 of 6

Form Co

*Handwritten scribbles*

Registrant Name Russell Mueller Client Name Washington State Auto Dealers Insurance Trust

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

15. General issue area code LBR - Labor Issues/Antitrust/Workplace (one per page)

16. Specific lobbying issues *Add page to continue specific issues description for this issue* >

Obtain Department of Labor opinion that state taxation of contributions to Welfare Benefit Trusts is prohibited under Federal Labor Law and obtain the same result, if necessary, through applicable legislation (H.R. 525, S. 1955).

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

House, Senate, White House, Department of Labor

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

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Russell	Mueller		

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

*Add a page for a different issue area*

Printed Name and Title Russell J. Mueller, Principal

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// muller muller 9/10/2008

Registrant Name Russell Mueller Client Name Washington State Auto Dealers Insurance

**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

Suffi

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	City
	C/S/Z	State
	Address	Country
	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	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owner percent client
	City	State/Province	Country		
			City		
			State		
			Country		

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

1

3

5

2

4

6

Add a page for more updates

Printed Name and Title Russell J. Mueller, Principal

*Russell Mueller* 8/10/2006

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