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04 FEB -2 AM '03

LOBBYING REPORT

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

1. Registrant Name Transportation Intermediaries Association			
2. Address <input type="checkbox"/> Check if different than previously reported 1625 Prince Street, Suite 200 Alexandria, VA 22314			
3. Principal Place of Business (if different from line 2) City: _____ State/zip (or Country) _____			
4. Contact Name Brook Osterland	Telephone (703) 299-5705	E-mail (optional)	5. Senate ID # 38381-12
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 33316000

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-D


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 Lobby

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)</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 align="center">13. Organizations</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 checked="" type="checkbox"/> ⇨ \$ <u>20,000.00</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA defir</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code</p>
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Signature  Date 1/26/04

Printed Name and Title Brook Osterland, Projects Manager

Registrant Name Transportation Intermediaries Associatio Client Name _____

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

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

16. Specific lobbying issues

DOT Hours of Service rules, C-TPAT, pre-notification, FDA food security, SAFTEA


17. House(s) of Congress and Federal agencies contacted Check if None

House of Representatives, Department of Homeland Security (CBP), Federal Maritime Commission, Department of Transportation.

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

Name	Covered Official Position (if applicable)
Robert Voltmann	
Brook Osterland	
Earl Eisenhart	
Walter Weart	
Richard Gluck	

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

Signature:  Date 1/26/04

Printed Name and Title Brook Osterland, Projects Manager

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Registrant Name ransportation Intermediaries Associatio Client Name _____

00000450501

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

20. Client new address

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

City

State/Zip (or 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 cli

ISSUE UPDATE

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

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of (city and state or

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

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities:

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

Signature  Date 1/26/C

Printed Name and Title Brook Osterland, Projects Manager