



# King County

Department of Executive Services  
 Attn: Lobbyist Registration  
 401 Fifth Ave., Suite 135  
 Seattle, WA 98104-1818  
 206-263-9750

## LOBBYIST REGISTRATION

KING COUNTY OFFICE USE ONLY

**L1**

|   |   |  |
|---|---|--|
| 1. LOBBYIST NAME  |   |  |
| PERMANENT BUSINESS ADDRESS  |   |  |
| CITY  | STATE   |  |
| 2. TEMPORARY KING COUNTY ADDRESS  |   | TELEPHONE<br>Permanent:<br>Temporary:  |
| 3. EMPLOYER'S NAME AND ADDRESS (PERSON OR GROUP FOR WHICH YOU LOBBY)  |   | EMPLOYER'S OCCUPATION, BUSINESS OR DESCRIPTION OF PURPOSE OF ORGANIZATION  |
| 4. PERSON OR ENTITY FOR WHOM YOU ACT AS A LOBBYIST:   |   |  |
| 5. NAME AND ADDRESS OF PERSON HAVING CUSTODY OF ACCOUNTS, RECEIPTS, BOOKS OR OTHER DOCUMENTS WHICH SUBSTANTIATE LOBBYIST REPORTS.   |   | DESCRIPTION OF EMPLOYMENT (CHECK ONE BOX)<br><input type="checkbox"/> REGULAR EMPLOYEE<br><input type="checkbox"/> CONTRACT, RETAINER OR SIMILAR AGREEMENT |
| 5.  |   | SOLE DUTY IS LOBBYING? (CHECK ONE BOX)<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No  |
| 6. WHAT IS YOUR COMPENSATION FOR LOBBYING?  |   | DOES EMPLOYER PAY ANY OF YOUR LOBBYING EXPENSES DIRECTLY? IF YES: EXPLAIN WHICH ONES:  |
| 5. ARE YOU REIMBURSED FOR LOBBYING EXPENSES? EXPLAIN WHICH EXPENSES.<br><input type="checkbox"/> YES: \$ _____ PER _____<br><input type="checkbox"/> YES: I AM REIMBURSED FOR EXPENSES.<br><input type="checkbox"/> NO: I AM NOT REIMBURSED FOR EXPENSES.   |   |  |
| 8. HOW LONG DO YOU EXPECT TO LOBBY FOR THIS ORGANIZATION? <input type="checkbox"/> PERMANENT LOBBYIST <input type="checkbox"/> OTHER, EXPLAIN:  |   |  |
| 9. IS YOUR EMPLOYER A BUSINESS OR TRADE ASSOCIATION OR SIMILAR ORGANIZATION WHICH LOBBIES ON BEHALF OF ITS MEMBERSHIP? IF "YES", ATTACH A LIST SHOWING THE NAME AND ADDRESS OF EACH MEMBER WHO HAS PAID THE ASSOCIATION FEES, DUES OR OTHER PAYMENTS OVER \$500 DURING EITHER OF THE PAST TWO YEARS OR EXPECTS TO PAY OVER \$500 THIS YEAR.<br><input type="checkbox"/> NO <input type="checkbox"/> YES, THE LIST IS ATTACHED |   |  |
| 10. AREAS OF INTEREST, LOBBYING IS MOST FREQUENTLY CONCERNED WITH THE FOLLOWING SUBJECT MATTER:   |   |  |
| <b>SUBJECT MATTER</b>   | <b>SUBJECT MATTER</b>                           | <b>SUBJECT MATTER</b>  |
| <input type="checkbox"/> Agriculture & Forestry   | <input type="checkbox"/> Parks & Open Space     | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Management & Customer Service.   | <input type="checkbox"/> Unincorporated Areas   | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Natural Resources  | <input type="checkbox"/> Utilities              | <input type="checkbox"/> Law & Justice   |
| <input type="checkbox"/> Budget and Fiscal Management   | <input type="checkbox"/> Regional Policy        | <input type="checkbox"/> Human Services  |
| <input type="checkbox"/> Cultural Resources   | <input type="checkbox"/> Regional Transit       | <input type="checkbox"/> Housing   |
| <input type="checkbox"/> Economic Development   | <input type="checkbox"/> Regional Water Quality | <input type="checkbox"/> Transportation & Transit  |
| <input type="checkbox"/> Growth Management  | <input type="checkbox"/> Technology             |  |

TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends: \_\_\_\_\_ Employer's Name: \_\_\_\_\_  
 I understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future.

CERTIFICATION: I HEREBY CERTIFY THAT THE ABOVE IS A TRUE, COMPLETE AND CORRECT STATEMENT.

|                      |      |   |      |
|----------------------|------|---|------|
| LOBBYIST'S SIGNATURE | DATE | EMPLOYER'S SIGNATURE (Printed Name and Title) | DATE |
|----------------------|------|---|------|

NOT VALID UNLESS SIGNED BY BOTH