**LOBBYIST REGISTRATION L1**

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| Lobbyist name | Office of Risk Management ServicesAttn: Lobbyist Registration201 South Jackson Street, Suite 320Seattle WA 98104206-263-2239 |
| Business address |  |
| Telephone |  |
| Email address |  |
| Employer’s name | Employer’s business or organization’s purpose |
| Employer’s telephone | Employer’s address |
| Name and address of person in custody of documents (accounts, receipts, books) to verify lobbyist reports |
| Employment status(Check one.)□ Regular employee□ Contract, retainer, or similar agreement | Are you reimbursed for lobbying expenses? (Check one.)□ No. I am not reimbursed for expenses.□ Yes. I am reimbursed $ per □ Yes. I am reimbursed for the expenses described below: |
| Is lobbying your sole duty? (Check one.)□ Yes□ No |
| What is your compensation for lobbying?$ per  | Which of your lobbying expenses are paid directly by your employer? |
| How long do you expect to lobby for this organization? (Check one.)□ Permanently □ Other. Explain: |
| Is your employer a business, trade association, or similar organization which lobbies on behalf of its membership? (Check one.)□ Yes. I have attached 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.□ No. |
| Which areas of interest is your lobbying most frequently concerned with? (Check all that apply.) |
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| □ Agriculture and forestry |
| □ Budget and fiscal management |
| □ Cultural resources |
| □ Economic development |
| □ Growth management |
| □ Housing |

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| **Termination** |
| I wish to **terminate** my lobbyist registration. I understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future. |
| Date registration ends: | Employer’s name: |
| **Certification** |
| I hereby certify that the above is a true, complete, and correct statement. **(Not valid unless signed by both lobbyist and employer.)** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Lobbyist’s signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employer’s signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |
|  |  |  |  |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employer’s name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employer’s title |