**PROFESSIONAL GRASSROOTS**

**L4**

**LOBBYING CAMPAIGN REPORT**

|  |  |
| --- | --- |
| Sponsor’s name |  |
| Business or occupation | Office of Risk Management ServicesAttn: Lobbyist Registration201 South Jackson Street, Suite 320Seattle WA 98104206-263-2239 |
| Address |  |
| Telephone | Email address |  |
| Name and address of person in custody of documents (accounts, receipts, books) to verify grassroots lobbying reports | Report type□ Registration□ Quarterly to Month/Year Month/Year□ Final (campaign is ended) |
| **Sponsor officers**If the sponsor is a business, union, association, political organization, or other entity, list the officers or others who manage the sponsor. Attach additional pages as necessary. |
| Name | Title | Address |
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| **Campaign organizers**List persons or firms hired to assist in the campaign, including public relations and advertising agents. Attach additional pages as necessary. |
| Name and address | Occupation or business | Compensation |
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| **Describe the topics or legislation addressed by the campaign.**Include motion numbers, ordinance numbers, legislative committees, and descriptions of subject matter or issues. |
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| **Campaign expenditures** |
| 1. Previously reported expenditures (line 4, previous L4 report) |  |  |  |
| 2. Expenditures this reporting period by category |  |  |  |
| a. Radio |  |  |  |
| b. Television |  |  |  |
| c. Newspapers/magazines |  |  |  |
| d. Digital/online/social media |  |  |  |
| e. Brochures/signs |  |  |  |
| f. Telemarketing/polling |  |  |  |
| g. Print/mail |  |  |  |
| h. Consultants |  |  |  |
| i. Public relations |  |  |  |
| j. Office expenses, travel, salaries, rent |  |  |  |
| k. Entertainment including food and beverages |  |  |  |
| l. Other expenses |  |  |  |
| 3. Total expenditures this reporting period (sum of lines a – l in this section) |  |  |  |
| 4. Total campaign expenditures (sum of lines 1 and 3 in this section) |  |  |  |
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| **COMPLETE CONTRIBUTIONS AND CERTIFICATION SECTIONS ON SECOND PAGE** |

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| **Contributions**List each person or organization who has contributed $100 or more to this campaign, their address, and the amount contributed. Attach additional pages as necessary. |
| Name | Address | Amount |
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|  | Contributions on this page |  |
|  | Contributions from attached pages |  |
|  | Total contributions this period |  |
|  | Contributions previously reported |  |
|  | Total campaign contributions to-date |  |
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| **Sponsor’s Certification** |
| I hereby certify that this report is true, complete, and correct to the best of my knowledge. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address |