PROFESSIONAL GRASSROOTS LOBBYING CAMPAIGN REPORT

L4

King County

Office of Risk Management Services
Attn: Lobbyist Registration
201 South Jackson Street, Suite 320
Seattle WA 98104
206-263-2239

Sponsor's name	
Business or occupation	
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 Month/Year to 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

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

Describe the topics or legislation addressed by the campaign.

Include motion numbers, ordinance numbers, legislative committees, and descriptions of subject matter or issues.

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) _____

COMPLETE CONTRIBUTIONS AND CERTIFICATION SECTIONS ON SECOND PAGE

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

Contributions on this page _____

Contributions from attached pages _____

Total contributions this period _____

Contributions previously reported _____

Total campaign contributions to-date _____

Sponsor's Certification

I hereby certify that this report is true, complete, and correct to the best of my knowledge.

_____	_____	_____	_____
Signature	Date	Name	Address