



LOBBYIST REGISTRATION

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Office of Risk Management Services
Lobbyist Registration Program
500 Fourth Ave., Suite 320
Seattle, WA 98104-1818
206-263-9753

KING COUNTY OFFICE USE ONLY

1. LOBBYIST NAME		
PERMANENT BUSINESS ADDRESS		
CITY	STATE	ZIP
2. TEMPORARY KING COUNTY ADDRESS		TELEPHONE Permanent: Temporary:
3. EMAIL ADDRESS:		
4. EMPLOYER'S NAME AND ADDRESS (PERSON OR GROUP FOR WHICH YOU LOBBY)		EMPLOYER'S OCCUPATION, BUSINESS OR DESCRIPTION OF PURPOSE OF ORGANIZATION
5. PERSON OR ENTITY FOR WHOM YOU ACT AS A LOBBYIST:		
6. NAME AND ADDRESS OF PERSON HAVING CUSTODY OF ACCOUNTS, RECEIPTS, BOOKS OR OTHER DOCUMENTS WHICH SUBSTANTIATE LOBBYIST REPORTS:		DESCRIPTION OF EMPLOYMENT (CHECK ONE BOX) <input type="checkbox"/> REGULAR EMPLOYEE <input type="checkbox"/> CONTRACT, RETAINER OR SIMILAR AGREEMENT SOLE DUTY IS LOBBYING? (CHECK ONE BOX) <input type="checkbox"/> Yes <input type="checkbox"/> No
7. WHAT IS YOUR COMPENSATION FOR LOBBYING?		DOES EMPLOYER PAY ANY OF YOUR LOBBYING EXPENSES DIRECTLY? IF YES: EXPLAIN WHICH ONES:
8. ARE YOU REIMBURSED FOR LOBBYING EXPENSES? EXPLAIN WHICH EXPENSES. <input type="checkbox"/> YES: \$ _____ PER _____ <input type="checkbox"/> YES: I AM REIMBURSED FOR EXPENSES. <input type="checkbox"/> NO: I AM NOT REIMBURSED FOR EXPENSES.		
9. HOW LONG DO YOU EXPECT TO LOBBY FOR THIS ORGANIZATION? <input type="checkbox"/> PERMANENT LOBBYIST <input type="checkbox"/> OTHER, EXPLAIN:		
10. 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. <input type="checkbox"/> NO <input type="checkbox"/> YES, THE LIST IS ATTACHED		
11. AREAS OF INTEREST, LOBBYING IS MOST FREQUENTLY CONCERNED WITH THE FOLLOWING SUBJECT MATTER:		
SUBJECT MATTER	SUBJECT MATTER	SUBJECT MATTER
<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