**LOBBYIST REGISTRATION L1**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Lobbyist name | | | | | Office of Risk Management Services  Attn: Lobbyist Registration  201 South Jackson Street, Suite 320  Seattle WA 98104  206-263-2239 | | |
| 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.) | | | | | | | |
| |  | | --- | | □ Agriculture and forestry | | □ Budget and fiscal management | | □ Cultural resources | | □ Economic development | | □ Growth management | | □ Housing | | | □ Human services  □ Law and justice  □ Management and customer service  □ Natural resources  □ Parks and open space  □ Regional policy | | | | □ Technology  □ Transportation and transit  □ Unincorporated areas  □ Utilities  □ Water quality  □ Other: | |
| **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 |