



KING COUNTY
 Department of Executive Services
 Attn: Lobbyist Registration
 701 5th Avenue, Room 3210
 Seattle, WA 98104
 206-296-3826

LOBBYIST REGISTRATION

KING COUNTY OFFICE USE ONLY

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1. LOBBYIST NAME		
PERMANENT BUSINESS ADDRESS		
CITY	STATE	
2. TEMPORARY KING COUNTY ADDRESS		TELEPHONE Permanent: Temporary:
3. EMPLOYER'S NAME AND ADDRESS (PERSON OR GROUP FOR WHICH YOU LOBBY)		EMPLOYER'S OCCUPATION, BUSINESS OR DESCRIPTION OF PURPOSE OF ORGANIZATION
4. PERSON OR ENTITY FOR WHOM YOU ACT AS A LOBBYIST:		
5. 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
5.		SOLE DUTY IS LOBBYING? (CHECK ONE BOX) <input type="checkbox"/> Yes <input type="checkbox"/> No
6. WHAT IS YOUR COMPENSATION FOR LOBBYING?		DOES EMPLOYER PAY ANY OF YOUR LOBBYING EXPENSES DIRECTLY? IF YES: EXPLAIN WHICH ONES:
5. 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.		
8. HOW LONG DO YOU EXPECT TO LOBBY FOR THIS ORGANIZATION? <input type="checkbox"/> PERMANENT LOBBYIST <input type="checkbox"/> OTHER, EXPLAIN:		
9. 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		
10. AREAS OF INTEREST, LOBBYING IS MOST FREQUENTLY CONCERNED WITH THE FOLLOWING SUBJECT MATTER:		
SUBJECT MATTER <input type="checkbox"/> Agriculture & Forestry <input type="checkbox"/> Management & Customer Service. <input type="checkbox"/> Natural Resources <input type="checkbox"/> Budget and Fiscal Management <input type="checkbox"/> Cultural Resources <input type="checkbox"/> Economic Development <input type="checkbox"/> Growth Management	SUBJECT MATTER <input type="checkbox"/> Parks & Open Space <input type="checkbox"/> Unincorporated Areas <input type="checkbox"/> Utilities <input type="checkbox"/> Regional Policy <input type="checkbox"/> Regional Transit <input type="checkbox"/> Regional Water Quality <input type="checkbox"/> Technology	SUBJECT MATTER <input type="checkbox"/> Other <input type="checkbox"/> Other <input type="checkbox"/> Law & Justice <input type="checkbox"/> Human Services <input type="checkbox"/> Housing <input type="checkbox"/> Transportation & Transit

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
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NOT VALID UNLESS SIGNED BY BOTH