



King County

KING COUNTY
 Department of Executive Services
 Attn: Lobbyist Registration
 401 5th Avenue, Room 610
 Seattle, WA 98104-1818
 206-263-9750

LOBBYIST REGISTRATION

KING COUNTY OFFICE USE ONLY

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1. LOBBYIST NAME																										
PERMANENT BUSINESS ADDRESS																										
CITY		STATE	ZIP																							
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:																										
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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		EMPLOYER'S SIGNATURE (Printed Name and Title)																								
DATE		DATE																								