**LOBBYIST EMPLOYER’S REPORT OF**

**L3**

**REGISTERED LOBBYISTS & EXPENSES**

**This report must be filed by the last day of February.**

It must include all lobbying expenditures made and accrued during the previous calendar year.

Complete all sections. Use “none” or “0” when applicable.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer’s name (use complete company, association, union, or entity name) | | | Office of Risk Management Services  Attn: Lobbyist Registration  201 South Jackson Street, Suite 320  Seattle WA 98104  206-263-2239 | |
| Name of the person for inquiries about this report (**not** a lobbyist) | | |  | |
| Address | | |  | |
| Telephone | Email address | |  | |
|  |  | |  | |
| Total annual lobbying expenditures incurred in the previous calendar year  (whether through a registered lobbyist, on behalf of a registered lobbyist, or otherwise) | | |  | |
| **Lobbyists and expenditures**  The name, address, and total lobbying expenditures (attributed or reimbursed by the employer) of each lobbyist registered under Ordinance 13320 employed by the reporting employer.  **Attach additional pages as needed.** | | | | |
| Name (if payments were to a firm, list the firm’s name) | | Address | | Expenditures |
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| **Certification** | | | |
| I hereby certify that the above is a true, complete, and correct statement. | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employer’s signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employer’s name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employer’s title |