**PROFESSIONAL GRASSROOTS**

**L4**

**LOBBYING CAMPAIGN REPORT**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sponsor’s name | | | | | | |  | | | |
| Business or occupation | | | | | | | Office of Risk Management Services  Attn: Lobbyist Registration  201 South Jackson Street, Suite 320  Seattle WA 98104  206-263-2239 | | | |
| Address | | | | | | |  | | | |
| Telephone | Email address | | | | | |  | | | |
| Name and address of person in custody of documents (accounts, receipts, books) to verify grassroots lobbying reports | | | | | | | Report type  □ Registration  □ Quarterly to  Month/Year Month/Year  □ Final (campaign is ended) | | | |
| **Sponsor officers**  If the sponsor is a business, union, association, political organization, or other entity, list the officers or others who manage the sponsor. Attach additional pages as necessary. | | | | | | | | | | |
| Name | | Title | | | | Address | | | | |
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| **Campaign organizers**  List persons or firms hired to assist in the campaign, including public relations and advertising agents. Attach additional pages as necessary. | | | | | | | | | | |
| Name and address | | | Occupation or business | | | | | | Compensation | |
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| **Describe the topics or legislation addressed by the campaign.**  Include motion numbers, ordinance numbers, legislative committees, and descriptions of subject matter or issues. | | | | | | | | | | |
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| **Campaign expenditures** | | | | | | | | | | |
| 1. Previously reported expenditures  (line 4, previous L4 report) | | | | |  | | |  | |  |
| 2. Expenditures this reporting period by category | | | | |  | | |  | |  |
| a. Radio | | | | |  | | |  | |  |
| b. Television | | | | |  | | |  | |  |
| c. Newspapers/magazines | | | | |  | | |  | |  |
| d. Digital/online/social media | | | | |  | | |  | |  |
| e. Brochures/signs | | | | |  | | |  | |  |
| f. Telemarketing/polling | | | | |  | | |  | |  |
| g. Print/mail | | | | |  | | |  | |  |
| h. Consultants | | | | |  | | |  | |  |
| i. Public relations | | | | |  | | |  | |  |
| j. Office expenses, travel, salaries, rent | | | | |  | | |  | |  |
| k. Entertainment including food and beverages | | | | |  | | |  | |  |
| l. Other expenses | | | | |  | | |  | |  |
| 3. Total expenditures this reporting period  (sum of lines a – l in this section) | | | | |  | | |  | |  |
| 4. Total campaign expenditures  (sum of lines 1 and 3 in this section) | | | | |  | | |  | |  |
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| **COMPLETE CONTRIBUTIONS AND CERTIFICATION SECTIONS ON SECOND PAGE** | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **Contributions**  List each person or organization who has contributed $100 or more to this campaign, their address, and the amount contributed. Attach additional pages as necessary. | | | | | |
| Name | | Address | | Amount | |
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|  | | Contributions on this page | |  | |
|  | | Contributions from attached pages | |  | |
|  | | Total contributions this period | |  | |
|  | | Contributions previously reported | |  | |
|  | | Total campaign contributions to-date | |  | |
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| **Sponsor’s Certification** | | | | | |
| I hereby certify that this report is true, complete, and correct to the best of my knowledge. | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address |