

LOBBYIST QUARTERLY EXPENSE REPORT
Expenses per Employer

L2.1



King County

Office of Risk Management Services
Attn: Lobbyist Registration
201 South Jackson Street, Suite 320
Seattle WA 98104
206-263-2239

Lobbyist name	
Lobbyist address	
Lobbyist telephone	
Lobbyist email address	
Employer's name and address	Reporting period to Month/Year Month/Year <input type="checkbox"/> Original <input type="checkbox"/> Corrected

Expense categories	Category total Sum of lobbyist's own expenses and employer-reimbursed expenses.	Lobbyist's own expenses All reportable expenditures incurred by the lobbyist during the reporting period.	Employer-reimbursed expenses All reportable expenditures incurred by the lobbyist's employer for or on behalf of the lobbyist during the reporting period.
Compensation earned from employer for lobbying this period (salary, wage, retainer)			
Entertainment and gratuities for officials, employees, and their families			
Other expenses and services			
Total expenses (sum of all rows)			

Subject matter of proposed legislation or other legislative activity the lobbyist was supporting or opposing.
Include motion numbers, ordinance numbers, legislative committees, and descriptions of subject matter or issues. **Attach additional pages as necessary.**

Itemized expenditures

Itemize all the expenditures incurred by lobbyist or lobbyist's employer for lobbying activities. Show the actual amount incurred for each individual or the amount fairly attributed to each. **Attach additional pages as necessary.**

- Entertainment expenditures: Expenses – including lobbyist's own – for meals, beverages, tickets, passes, travel, and other forms of entertainment.
- Other expenses and services: Payments for advertising, printing, creating informational material, public relations, telemarketing, polling, subcontracted lobbyists, expert witnesses, others paid to provide lobbying services or assistance in lobbying, grass roots lobbying campaigns, and similar activities.

Date	Name and address of persons entertained and/or payment recipients	Description (place, purpose, etc.)	Amount

Certification

I hereby certify that this report is true, complete, and correct to the best of my knowledge.

Lobbyist's signature Date