

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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SECRETARY OF THE SENATE  
02 MAY 22 AM 8:43

## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 3/15/2002

2. House Identification Number \_\_\_\_\_

Senate Identification Number \_\_\_\_\_

### REGISTRANT

3. Registrant name Washington2 Advocates

Address P.O. Box 1462

City Bellevue

State WA

Zip 98009

4. Principal place of business (if different from line 3)

City \_\_\_\_\_

State/Zip (or Country) \_\_\_\_\_

5. Telephone number and contact name

(425) 467-6900

Contact Nina Collier

E-mail (optional) \_\_\_\_\_

6. General description of registrant's business or activities

Government Affairs, communications, strategic planning

**CLIENT** *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should labeled "Self" and proceed to line 10.*  Self

7. Client name Washington State Hospital Association

Address 300 Elliott Avenue W., Suite 300

City Seattle

State WA

Zip 98119

8. Principal place of business (if different from line 7)

City \_\_\_\_\_

State/Zip (or Country) \_\_\_\_\_

General description of client's business or activities

hospital association

### LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any this section has served as a "covered executive branch official" or "covered legislative branch official" within the acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if appl)
<u>Tony Williams</u>	
<u>J. Vander Stoep</u>	
<u>Nina Collier</u>	
<u>Liz Fortunato</u>	<u>Cong. Doc Hastings</u>

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Registrant Name Washington2 Advocates Client Name Washington State Hospital Associatic

**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form L

MMM

12. Specific lobbying issues (current and anticipated)

Washington State's Upper Payment Limit and CHIP programs.

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of t a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbyir

No ⇒ Go to line 14.

Yes ↓ Complete the rest of this section for each ent the criteria above, then proceed to line 14.

Name	Address	Principal Place of E (city and state or c

**FOREIGN ENTITIES**

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest i of the lobbying activity?

No ⇒ Sign and date the registration.

Yes ↓ Complete the rest of this section for matching the criteria above, then sig registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature *Nina Collier*

Date

05/07/2

Printed Name and Title Nina Collier, Partner

