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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration January 20,

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

(25) 467-6900 Contact Nina Collier E-mail (optional) _____

6. General description of registrant's business or activities

Consulting in government affairs, strategy planning and commun

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

7. Client name Yakima Valley Growers-Shippers Association

Address P. O. Box 1688

City Yakima State WA Zip 98907

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

City _____ State/Zip (or Country) _____

9. General description of client's business or activities

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 person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of 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 applical)
<u>Nina Collier</u>	
<u>J. VanderStoep</u>	
<u>Tony Williams</u>	



LOBBYING ISSUES

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

NAT

AGR

12. Specific lobbying issues (current and anticipated)

Legislation and appropriations for Yakima water storage

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the client during a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activities?

No ⇒ Go to line 14.

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

Name	Address	Principal Place of Business (city and state or country)

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 or manages the lobbying 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 in the lobbying activity?

No ⇒ Sign and date the registration.

Yes ↓ Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

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

Signature 

Date January 20, 2012

Printed Name and Title Nina Collier, Parnter

Form LD-1 (Rev. 06/98)

