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# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

1. Effective Date of Registration 2/1/2005

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

## REGISTRANT

3. Registrant name Organization Washington2 Advocates  
 Address P.O. Box 1462  
 City Bellevue State WA Zip 98009 Country US  
 4. Principal place of business (if different than line 3)  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 5. Telephone number and contact name Prefix Full Name  
425-467-6900 Contact Ms. Nina Collier E-mail nina.collier@washington2adv  
 6. General description of registrant's business or activities  
Consulting in government affairs and communications

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

7. Client name Safeco Corporation  
 Address 4333 Brooklyn Ave NE  
 City Seattle State WA Zip 98185 Country U  
 8. Principal place of business (if different than line 7)  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
 9. General description of client's business or activities  
Insurance

## 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 section has served as a "covered executive branch official" or "covered legislative branch official" within two years of a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

First	Name		Covered Official Position (if applicable)
	Last	Suffix	
Tony	Williams	Mr.	
Nina	Collier	Ms.	



Registrant Name Washington2 Advocates Client Name Safeco Corporation

**LOBBYING ISSUES**

Find the code to select below.

Go to page 3 to add more lobbying

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page

INS

12. Specific lobbying issues (current and anticipated)

insurance industry issues

**AFFILIATED ORGANIZATIONS**

Go to page 3 to add more organ

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in 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 criteria above, then proceed to line 14.

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

**FOREIGN ENTITIES**

Go to page 3 to add more forei

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes at 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 outcome of 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 registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities
	Street Address City	State/Province Country	

Form C

Printed Name and Title Nina Collier, Member/Partner

[Signature] 2/11/11



Registrant Name Washington2 Advocates Client Name Safeco Corporation

Return to page 2 to finish the

**ADDITIONAL LOBBYISTS**

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

Covered Official Position (if applicable)

First	Name Last	Suffix	Covered Official Position (if applicable)

**ADDITIONAL LOBBYING ISSUES**

11 Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

Find the code to select below.

Return to page 2 to finish t

**AFFILIATED ORGANIZATIONS**

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, numb

Return to page 2 to finish

Name	Address	Principal place of Business (city and state or countr

**ADDITIONAL FOREIGN ENTITIES**

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

Return to page 2 to finis

Name	Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities	per
	Street Address City	State/Province	Country			

Add an additional supplementary inform

Printed Name and Title Nina Collier, Member/Partner

*Nina Collier* 2/11/11

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