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05/14

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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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration 1. Effective Date of Registration 04/01/2008
 2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Washington2 Advocates
 Address P.O. Box 1462
 City Bellevue State WA Zip 98009 US
 4. Principal place of business (if different than line 3)
 City _____ State _____ Zip _____
 5. Telephone number and contact name
425-467-6900 Contact Ms. Nina Collier E-mail nina.collier@washington2advoc
 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 box labeled "Self" and proceed to line 10.* Self

7. Client name Washington State Hospital Association
 Address 300 Elliott Ave. W., suite 300
 City Seattle State WA Zip 98119 US
 8. Principal place of business (if different than line 7)
 City _____ State _____ Zip _____
 9. 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 person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first becoming a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
Kristen Michal Ms.	

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Registrant Name Washington2 Advocates Client Name Washington State Hospital Association

LOBBYING ISSUES

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

HCR MMM _____

12. Specific lobbying issues (current and anticipated)

Health care issues

AFFILIATED ORGANIZATIONS

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 t 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; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes acti 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	On pe i

Signature Nina N Collier Digitally signed by Nina N Collier DN: cn=Nina N Collier, c=US, o=DST ACES Business Representative, ou=WASHINGTON2 ADVOCATES Date: 2005.04.28.10:09:13 -0700 Date 4/28/2005 Edit >

Printed Name and Title Nina Collier, Member/Partner

