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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

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 Davis Wright Tremaine
 Address 2600 Century Square 1502 Fourth Avenue
 City Seattle State WA Zip 98101 Country US
 8. Principal place of business (if different than line 7)
 City _____ State _____ Zip _____ Country _____
 9. General description of client's business or activities
Law

LOBBYISTS

Go to page 3 to add more

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 section has served as a "covered executive branch official" or "covered legislative branch official" within two years of filing 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.	

Registrant Name Washington2 Advocates

Client Name Davis Wright Tremaine

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, pag

TOR _____

12. Specific lobbying issues (current and anticipated)

Tort reform legislation

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 foreig

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 ac 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 o lobbying activity?

No => Sign and date the registration.

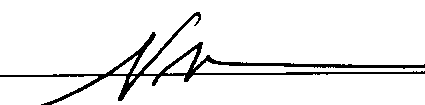
Yes =>

Complete the rest of this section for each entit 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	C P
	Street Address City	State/Province	Country			

Form Cor

Printed Name and Title Nina Collier, Member/Partner

 2/15

Registrant Name Washington2 Advocates

Client Name Davis Wright Tremaine

ADDITIONAL LOBBYISTS

Return to page 2 to finish

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

First	Name		Covered Official Position (if applicable)
	Last	Suffix	

ADDITIONAL LOBBYING ISSUES

Return to page 2 to finish

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.

AFFILIATED ORGANIZATIONS

Return to page 2 to finish

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

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

ADDITIONAL FOREIGN ENTITIES


Return to page 2 to finish

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

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

Add an additional supplementary information

Printed Name and Title Nina Collier, Member/Partner

 2/15/06

