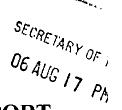
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

Washington Mutual Inc.				
2. Address Check if different than previously reported				
1215 Fourth Avenue, FCB 1620				
Seattle W	VA	98161	USA	
3. Principal place of business (if different than line 2)				
	VA	98161	USA	
	ip or Country		·· <u></u>	
4a. Contact Name b. Telephone number	c. E-mail		5. Senate 1D#	
Mr. M. Scott Gaspard 202-347-9276 scott.	gaspard@wamu.net		43684-12	
7, Client Name Set		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6. House ID#	
Washington Mutual Inc.			34160000	
INCOME OR EXPENSES - Complete Either Line 1 12. Lobbying Firms	2 OR Line 13	13. Orgai	nizations	
INCOME relating to lobbying activities for this reporting period was:	13. Organizations EXPENSES relating to lobbying activities for this reporting parties:			
Less than \$10.000	Less than \$10,000			
\$10,000 or more	\$10,000 or more	X ⇒ 9	383,000	
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all	14. REPORTING METHOD. Check box to indicate expens accounting method. See instructions for description of options			
payments to the registrant by any other entity for lobbying activities on behalf of the client).	Method A. Reporting amounts using LDA definitions only Reporting amounts under section 6033(b)(8) of Internal Revenue Code			
	Method C. Reporting amounts under section 162(e) of the P Revenue Code			

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Printed Name at LD-2DS (Rev. 4.07)

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Registrant Name	Washington Mutual Inc.		_ Client Name _	Washington Mutual	Inc.
	for General Lobbyin				
16. Specific lo	bbying issues (continu	ed from previou	s page)		
Denosit Insu	ayment Systems, includ urance Reform (H.R. 118 mer Information Security	35, S. 1562)		5. 1789)	
		·			

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Washington Mutual Inc. Registrant Name	Washington Mutual IncClient Name
ADDENDUM for General Lobbying Issue Area	
16. Specific lobbying issues (continued from previo	us page)
Adjustable Rate Mortgages FHA Loan Limits Manufactured Housing Alternative Mortgage Products HR 3043—Zero Downpayment Act	
	•

Client Name

Registrant Name Washington Mutual Inc.

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19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

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Page 7 or

19. Interest of each foreign entity in the specific issues listed on line 16 above | Check if None

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LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the reg engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code**, p

Washington Mutual Inc.

information as requested. Attach additional page(s) as needed.

INS - Insurance

Registrant Name

15. General issue area code

Client Name Washington Mutual Inc.

(one per page)

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Page 10 of

Registrant Name

Client Name Washington Mutual Inc.

Page __11__ o:

Registrant Name Washington Mutua	Client Name Wash	Client Name Washington Mutual Inc.				
nformation Update Page	e - Complete ONL	Y where registration i	nformatio	n has change	đ.	
20. Client new address						
21. Client new principal place of b	usiness (if different the	ın line 20)				
City		te/Zip				
22. New general description of clie	ent's business of activit	ies				
LOBBYIST UPDATE 23. Name of each previously re	ported individual who	o is no longer expected to	o act as a lob	byist for the cl	ient	
Daniel J. McDermo	tt					
ISSUE UPDATE						
24. General lobbying issues that	no longer pertain					
AFFILIATED ORGANIZA						
25. Add the following affiliated Name	organization(s)	Address	p	Principal place of E		
I WAIL	Address			(city and state or country)		
Washington Mutual Bank	2273 North Hendersor	n Green Valley Pkwy., Ste. 1 n NV 89014 U		Henderson NV	USA	
	Herideisoi	1 NV 69014 O	SA	140	USA	
26. Name of each previously re	ported organization the	nat is no longer affiliated	with the reg	istrant or clien	t	
	<u>-</u>	ū	_			
FOREIGN ENTITIES						
27. Add the following foreign er		T		- V -	Ownersl	
Name	Address	Principal place of busine (city and state or countr		unt of contribution obbying activities	percenta client	
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				SIRIN	
28. Name of each previously repor affiliated organization	ted foreign entity that i	no longer owns, or controls	, <u>or</u> is affiliate	ed with the regis	trant, clie	
-						
ignature		Date	8/14/20	006		
				Relations		

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