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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

1. Registrant name			
Organization		Washington2 Advocates	
2. Address <input type="checkbox"/> Check if different than previously reported			
P.O. Box 1462			
City	Bellevue	State	WA
Zip Code	98009	Country	USA
3. Principal place of business (if different than line 2)			
City		State	
		Zip Code	
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Ms.	Nina Collier	425-467-6900	nina.collier@washington2advocat.
7. Client Name <input type="checkbox"/> Self			5. Senate ID #
Trident Seafoods			63451-15
			6. House ID #
			3551700

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) ☐ OR Year End (July 1-December)

9. Check if this filing amends a previously filed version of this report ☐

10. Check if this is a Termination Report ☐ ⇨ Termination Date _____ 11. No Lobbying Acti

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>40,000</u></p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) o Revenue Code</p>
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Form C

Printed Name and Title Nina Collier, Member/Partner

Client Name Trident Seafoods

15. General issue area code MAR - Marine/Maritime/Boating/Fisheries (one per page)

Add page to continue specific issues description for this issue

17. House(s) of Congress and Federal agencies contacted ☐ Check if None

18. Name of each individual who acted as a lobbyist in this issue area Add a page to continue adding lobbyists for this issue area (if applicable)

[illegible]

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

Add a page for a dif

En - 211/0

Printed Name and Title Nina Collier, Member/Partner

LD-2DS (REV. 4/03)

Page

Registrant Name Washington2 Advocates Client Name Trident Seafoods

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

Address

State

Zip Code

Country

City

21. Client new principal place of business (if different than line 20)

State

Zip Code

Country

City

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

First Name

Last Name

Suffix

First Name

Last Name

Suffi

1

3

2

4

ISSUE UPDATE

Find the code to select below.

24. General lobbying issues that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address	City
	C/S/Z	State
	Address	City
	C/S/Z	State

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

1

2

3

FOREIGN ENTITIES

27. Add the following foreign entities

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

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant affiliated organization

1

3

5

2

4

6

Add a page for mor

Printed Name and Title Nina Collier, Member/Partner

