Clear all date :

RECEIVED. SECRETARY OF THE SENATE Go to 'Fort

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

05 FEB 25 PM 2: 25

LOBBYING REPORT

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

Registrant name		
Organization Washington2 Advocates	***************************************	
Address Check if different than previously reported		
P.O. Box 1462	F - 4	
City Bellevue State W	/A Zip Code 98	3009 Country US
. Principal place of business (if different than line 2)		
City State	Zip Code ip or Country	Country
City	c. E-mail	5. Senate ID#
a. Contact Name	ം collier@washington2a	advocat. 63451-1
Prefix Full Name Ms. Nina Collier 425-467-6900 nina Collect Name Self		
Client Name Self Trident Seafoods		3551700
. Check if this filing amends a previously filed version of this report	ry 1-June30)	
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report Check if this is a Termination Report Check if this is a Termination Date INCOME OR EXPENSES - Complete Either Line	e	11. No Lobbying Ac
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report Termination Date	12 OR Line 13	11. No Lobbying Ac
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report Check if this report Check	12 OR Line 13	11. No Lobbying Ac
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report C> Termination Date INCOME OR EXPENSES - Complete Either Line 12. Lobbying Firms	12 OR Line 13 EXPENSES relating to	11. No Lobbying Ac
P. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report □ ⇒ Termination Date INCOME OR EXPENSES - Complete Either Line 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to were: Less than \$10,000	11. No Lobbying Activities for this report
O. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report □ Termination Date INCOME OR EXPENSES - Complete Either Line 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 □ \$10,000 or more □ \$ \$ 40,000	EXPENSES relating to were: Less than \$10,000	11. No Lobbying Activities for this report
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report Termination Date INCOME OR EXPENSES - Complete Either Line 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000	EXPENSES relating to were: Less than \$10,000 \$10,000 or more 14. REPORTING Maccounting method. S Method A. R Method B. R	11. No Lobbying Activities for this report

Printed Name and Title Nina Collier, Member/Partner

Mu 2/

	/ashington2 Advocates	·	Client Name _	Trident Seafoods
BBYING AC gaged in lobbyi ormation as rec	TIVITY. Select as m ng on behalf of the clic quested. Attach addition	any codes as necent during the reponal page(s) as necent	essary to reflect porting period. U eeded.	the general issue areas in which the J sing a separate page for each cod
	area code MAR - Mar			(one per page)
. Specific lobby			Add page to continu	e specific issues description for this issue
Ocean fishing	issueś		•	
			·	
-		· .		
House(s) of	Congress and Federal	agencies contacte	ed Check i	fNone
House, Sena				
· ·				
First Name	ch individual who acte Name Last Name Williams	ed as a lobbyist in Suffix Mr.	this issue area	Add a page to continue additing lobbyists ted Official Position (if applicable)
First Name	Name Last Name	Suffix	Cover	
First Name	Name Last Name Williams	Suffix Mr.	Cover	ed Official Position (if applicable)
First Name	Name Last Name Williams Vander Stoep	Suffix Mr. Mr	Cover	ed Official Position (if applicable)
First Name	Name Last Name Williams Vander Stoep	Suffix Mr. Mr	Cover	ed Official Position (if applicable)
First Name	Name Last Name Williams Vander Stoep	Suffix Mr. Mr	Cover	ed Official Position (if applicable)
First Name	Name Last Name Williams Vander Stoep	Suffix Mr. Mr	Cover	ed Official Position (if applicable)
First Name Tony J.	Name Last Name Williams Vander Stoep	Suffix Mr. Mr	Cover	ed Official Position (if applicable)
First Name Tony J.	Name Last Name Williams Vander Stoep	Suffix Mr. Mr	Cover	ed Official Position (II applicable)

Add a page for a dif.

LD-2DS (REV. 4/03)

Page _

Machinat	on2 Advocate	es	Client	Name	Trident Se				
gistrant Name Washingt	e Page - C	omplete ONL					has ch	anged.	
20. Client new address	Crago C	<u> </u>							
20. Client new address Address							4	_	
			State		Zip Code		,	Country	
City 21. Client new principal	nlace of busine	ss (if different th	ian line 20)						
21. Client new principal	piaco or custos		State		Zip Code			Country	
City			ities	,,,,,,,,,	14.417774444444444444444444444444444444	1221111222			
22. New general description	ion of cheal s	Dusiness of mon.			•				
*									
LOBBYIST UPDAT	TIE .		ha ia na langi	er exn	ected to act	as a lob	byist for	r the clier	nt _
23. Name of each prev	iously reporte	d individual w suff	gx HO 12 HA IAN E	First	Name	L	est Name		Su
First Name			3		•		ē		
1			4				÷		
2			بنا					·	
TOTAL TODATE				Find	the code to	select	below.		•
ISSUE UPDATE 24. General lobbying	lagues that no	longer pertain			•				
24. General lobbying	122062 that no	tone.							
								•	
							·	•	
AFFILIATED OR	GANIZATI	ONS							
AFFILIATED ORC	GANIZATI	ONS					Principal	place of Bu	ısin(
AFFILIATED ORG 25. Add the following Name	GANIZATI s affiliated org	ONS	Address				Principal (city and	place of Bu	isine ount
25. Add the following	GANIZATI s affiliated org	ONS ganization(s)				City	(city and	state or C	ouni
25. Add the following	GANIZATI s affiliated org	ONS ganization(s)				.,	(city and	place of Bu state or c	ouni
25. Add the following	GANIZATI s affiliated org	ONS ganization(s)				City Stat Cit	(city and / c	state or C	ount
25. Add the following	GANIZATI gaffiliated org	ONS canization(s) Address C/S/Z Address	Address			City Stat Cit Stat	(city and	state or coun	try
25. Add the following	GANIZATI gaffiliated org	ONS canization(s) Address C/S/Z Address	Address	onger	affiliated w	City Stat Cit Stat	(city and	state or coun	try
25. Add the following	GANIZATI gaffiliated org	ONS canization(s) Address C/S/Z Address C/S/Z rted organization	Address	onger	affiliated wi	City Stat Cit Stat	(city and	state or coun	try
25. Add the following	GANIZATI gaffiliated org	ONS canization(s) Address C/S/Z Address	Address	onger	affiliated wi	City Stat City Stat	(city and	state or coun	try
25. Add the following Name 26. Name of each pre	GANIZATI gaffiliated org	ONS canization(s) Address C/S/Z Address C/S/Z rted organization	Address	onger	affiliated wi	City Stat City Stat	(city and	state or coun	try
25. Add the following Name 26. Name of each pre	GANIZATION STATEMENT OF THES	ONS ganization(s) Address C/S/Z Address C/S/Z rted organizatio	Address		·	City State City State St	(city and	Coun	try
25. Add the following Name 26. Name of each pre	GANIZATION AND STATES In g foreign entite	ONS (anization(s)) Address C/S/Z Address C/S/Z rted organization [2] Address Address	Address on that is no lo	incipal t	lace of business	City State City State State 3	(city and	Countribution	try
26. Name of each pro FOREIGN ENTI 27. Add the following	GANIZATION STATEMENT OF THES	Address C/S/Z Address C/S/Z rted organization 2 Address	Address on that is no l o	incipal t	·	City State City State State 3	(city and	Countribution	try
26. Name of each pro FOREIGN ENTI 27. Add the following	GANIZATION AND COMPANY AND COM	Address C/S/Z Address C/S/Z rted organization 2 Address	Address on that is no l o	incipal ;	lace of business	City State City State State 3	(city and	Countribution	try
26. Name of each pro FOREIGN ENTI 27. Add the following	GANIZATION AND COMPANY AND COM	Address C/S/Z Address C/S/Z rted organization 2 Address	Address on that is no lo	incipal party and	lace of business	City State City State State 3	(city and	Countribution	try
26. Name of each pro FOREIGN ENTI 27. Add the following Name	GANIZATION AND STREET ADDRESS OF THE STREET Address City	Address C/S/Z Address C/S/Z rted organization 2 ties Address State/Proxin	Address on that is no lo ce Country City	incipal rity and	place of business state or country)	City State City State 1th the r	(city and	Countribution	try
26. Name of each pro FOREIGN ENTI 27. Add the following Name 28. Name of each pre	eviously report	Address C/S/Z Address C/S/Z rted organization 2 ties Address State/Proxin	Address on that is no lo ce Country City	incipal rity and	place of business state or country)	City State City State 1th the r	(city and	Countribution	try
26. Name of each pro FOREIGN ENTI 27. Add the following	eviously report	Address C/S/Z Address C/S/Z rted organization 2 ties Address State/Proxin	Address on that is no lo ce Country City	incipal rity and	place of business state or country)	City State City State 1th the r	(city and	Countribution	ount try
26. Name of each pro FOREIGN ENTI 27. Add the following Name 28. Name of each pre	eviously report	Address C/S/Z Address C/S/Z rted organization 2 ties Address State/Proxin	Address on that is no lo ce Country City	incipal rity and	place of business state or country)	City State City State 1th the r	(city and	Countribution	try

1/m-2/

I IIIIIou I ware --- --

LD-2DS (REV. 4/03)

Page .