

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

-SECRETARY-OF-TH  
04 AUG 23 PM

## LOBBYING REPORT

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

|   |                             |  |                             |
|---|-----------------------------|--|-----------------------------|
| 1. Registrant Name<br>Washington2 Advocates   |                             |  |                             |
| 2. Address <input type="checkbox"/> Check if different than previously reported<br>P.O. Box 1462                |                             |  |                             |
| 3. Principal Place of Business (if different from line 2)<br>Bellevue WA, 98009<br>City: State/zip (or Country) |                             |  |                             |
| 4. Contact Name<br>Nina Collier   | Telephone<br>(425) 467-6900 | E-mail (optional)<br>nina.collier@washington2advocat | 5. Senate ID #<br>63451-455 |
| 7. Client Name <input type="checkbox"/> Self<br>Northwest Indian Fisheries Commission                           |                             |  | 6. House ID #<br>35517022   |

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

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

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

| 12. Lobbying Firms  | 13. Organizations   |
|---|---|
| <b>INCOME</b> relating to lobbying activities for this reporting period was:<br><br>Less than \$10,000 <input type="checkbox"/><br><br>\$10,000 or more <input checked="" type="checkbox"/> ⇔ \$ <u>20,000.00</u><br><small>Income (nearest \$20,000)</small> | <b>EXPENSES</b> relating to lobbying activities for this reporting period were:<br><br>Less than \$10,000 <input type="checkbox"/><br><br>\$10,000 or more <input type="checkbox"/> ⇔ \$ _____<br><small>Expenses (nearest \$20,000)</small>  |
| 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).                                | <b>14. REPORTING METHOD.</b> Check box to indicate exp accounting method. See instructions for description of op<br><br><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitic<br><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033( Internal Revenue Code<br><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e Internal Revenue Code |

Signature \_\_\_\_\_

Filing #93f97eef-68a4-440a-b9c9-f634d69fcda6 - Page 1 of 4

Date \_\_\_\_\_

8/12/04

Signature



Nina Collier, Member/Partner

Printed Name and Title

LD-2 (REV. 4/03)

PAGE 1 of

Registrant Name Washington2 Advocates Client Name Northwest Indian Fisheries Commission

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each cod information as requested. Attach additional page(s) as needed.

15. General issue area code IND (one per page)

16. Specific lobbying issues

Shellfish Settlement agreement funding


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

House, Senate, DOJ, DOI, OMB

18. Name of each individual who acted as a lobbyist in this issue area

| Name          | Covered Official Position (if applicable) |
|---------------|---|
| Tony Williams |   |
| Nina Collier  |   |
| Liz Fortunato |   |
|               |   |
|               |   |
|               |   |
|               |   |
|               |   |

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

Signature  Date 8/12/04

Printed Name and Title

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form LD-2 (Rec. 4/03)

Page 2