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Clerk of the House of Representatives
Legislative Resource Center
Offic
B-106 Cannon Building
Washington, DC 20515
Wash

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 Check if different than previously reported				
P.O. Box 1462				
City Bellevue State V	VA Zip Code 98009	Country USA		
3. Principal place of business (if different than line 2)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
City State City State/Z	Zip Code ip or Country	Country		
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail	5. Senate ID#		
•	.collier@washington2advocat.	63451-470		
7. Client Name Self		6. House ID#		
Weyerhaeuser Company		35517023		
10. Check if this is a Termination Report ☐ ⇒ Termination Date INCOME OR EXPENSES - Complete Either Line 1		11. No Lobbying Activit		
12. Lobbying Firms	13. Organ	izations		
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting p were:			
Less than \$10,000	Less than \$10,000			
\$10,000 or more \$	\$10,000 or more 🔲 🖨 \$			
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all	14. REPORTING METHOD. Che accounting method. See instructions			
payments to the registrant by any other entity for lobbying activities on behalf of the client).	Method A. Reporting amounts using LDA definition Method B. Reporting amounts under section 6033(b Internal Revenue Code			
	Method C. Reporting amount Revenue Code	ts under section 162(e) of the I		

Form Com

Printed Name and Title Nina Collier, Member/Partner

Mr 2/11/05

15. General issue area code NAT - Natural Resources			(one per page)				
6. Specific lob	bying issues		Add page to con	tinuo specific issue	es description for this issue		
Natural reso	urces and timber issu	ues					
	ar v A			·			
	•						
7. House(s) of	Congress and Feder	al agencies contact	ed Check	k if None			
							
	ate, DOI, EPA, DOC						
House, Sena 8. Name of each	ch individual who ac Name Last Name	Suffix	1		continue additing tobbyists for ition (if applicable)		
House, Sena 8. Name of each	ch individual who ac Name Last Name Williams	Suffix Mr.	1				
House, Sena 3. Name of each	ch individual who ac Name Last Name	Suffix	1				
House, Sena 3. Name of each First Name ony	ch individual who ac Name Last Name Williams Collier	Suffix Mr. Ms.	1				
House, Sena Name of each First Name ony	ch individual who ac Name Last Name Williams Collier	Suffix Mr. Ms.	1				
House, Sena Name of each First Name ony	ch individual who ac Name Last Name Williams Collier	Suffix Mr. Ms.	1				
House, Sena 3. Name of each First Name ony	ch individual who ac Name Last Name Williams Collier	Suffix Mr. Ms.	1				

Add a page for a different

LD-2DS (REV. 4/03)

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Page 2

Registrant Name Washing	oton2 Advo	cates	Client	Name Weye	rhaeuser Co	ompany	
Information Upda	te Page -	Complete ONLY	where reg	istration in	formation	has changed	i.
20. Client new address Address							
City	•	•	State	Zip C	ode	Country	,
21. Client new principal	place of bus	iness (if different than li	ine 20)	*************************	·····	***************************************	***************************************
City			State	Zip Co	ode	Country	,
22. New general descript	ion of client	's business or activities			***************************************	***************************************	
		ili. Anni 1985				,	
LOBBYIST UPDAT			<u>.</u>				
23. Name of each prev	IOUSIY repo:	rted individual wno is Suffix	no longer	expected to a		yist for the clie	ent Suffi
1			3				
2			4				
ISSUE UPDATE							
24. General lobbying is	sues that n	o longer pertain		Find the code	to select be	elow.	
·	,						
				· · · · · · · · · · · · · · · · · · ·			
AFFILIATED ORG							
25. Add the following a	illinated or	ganization(s)	Address		Pri	ncipal place of Bu	siness
		Address			(city and state or count		
		Address			City	΄,	
	*	C/S/Z Address			State City	Count	ry
		C/S/Z			State		
26. Name of each previ	ously repor	ted organization that i	is no longe	r affiliated wi	ith the regis	trant or client	
1		2			3	·	
FOREIGN ENTITI	PQ						
27. Add the following for		ies					
Name	Street Address City	Address State/Province Country	(city and	l place of business I state or country)		of contribution bying activities	Owners percent client
<i>y</i> [City	,			
	*		State	Country			
28. Name of each previou	sly reported	foreign entity that no lo	nger owns.	or controls, or	is affiliated	with the registr	ant, cli
affiliated organization		[3]			[5]		
2		4			6		
<u> </u>		٠٠			_	Add a page for m	ore und

Page 3 c