

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY
WASHINGTON, D.C. 20001**

Year 2013

Original
 Amendment

LOBBYIST ACTIVITY REPORT *

(See next page for instructions) ID# _____

Type of Report: January 2012 If you are filing a January Report please indicate whether you intend to lobby in the upcoming calendar year. Yes No

July _____

1. (a) Registrant's Name Costco Wholesale Corporation (b) Daytime Phone Number _____

(c) Permanent Address 45940 Horseshoe Drive, Suite 150, Sterling, VA 20166 703-406-6817
(Street Address) (City, State, Zip Code)

(d) Temporary Address (while lobbying)
(Street Address) (City, State, Zip Code)

2. Lobbyist (s) Working for Registrant: Attach a Supplemental Sheet if additional space is needed.

(a) Name <u>Holland & Knight/Norman Glasgow, Jr.</u>	(b) Name <u>Holland & Knight/Rod Woodson</u>
Address <u>800 17th Street, NW, #1100</u> (Street Address)	Address <u>800 17th Street, NW, #1100</u> (Street Address)
<u>Washington, DC 20006</u> (City, State, Zip Code)	<u>Washington, DC 20006</u> (City, State, Zip Code)
Daytime Phone Number <u>202-955-3000</u>	Daytime Phone Number <u>202-955-3000</u>

3. Person Compensating Registrant

(a) Name _____ (b) Daytime Phone Number _____

(c) Address _____
(Street Address) (City, State, Zip Code)

(d) Nature of Business _____

4. Terms of Compensation: (a) _____ Salary (b) _____ Duration of Employment

5. Identify matter(s) by subject and formal designation on which the lobbyist/registrant expects to lobby. Attach a Supplemental Sheet if additional space is needed.

Tax Abatement Legislation

* REMINDER – Each new or previously registered Lobbyist must file a Lobbyist Registration Form by January 15th of each year.

'13 JAN 25

Rev. 12/2012

6. Identify the official and title, if known, in the Executive or Legislative Branch with whom the registrant has had oral or written communication during the reporting period relating to lobbying activities, and the date that communication was made. Attach a Supplemental Sheet if additional space is needed.

Name _____ Date _____

7. Total compensation/receipts paid to the Lobbyist for lobbying during the reporting period: \$ _____
(Schedule A)

8. Total of other compensation/receipts received for lobbying services and compensation paid to others: \$ _____
(Schedule A-1)

9. Total amount of Loans received by the Lobbyist in connection with lobbying during the reporting period: \$ _____
(Schedule A-2)

10. Total receipts (Add Lines 7, 8, and 9) \$ _____

11. Total of expenditures made for purposes of lobbying during the reporting period: \$ ⁰ _____
(Schedule B)

12. Total of other expenditures related to lobbying activities: \$ _____
(Schedule B-1)

13. Total expenditures (Add Lines 11 and 12) \$ ⁰ _____

BOARD OF ELECTIONS AND GOVERNMENT ACCOUNTABILITY
LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE ___ OF ___
SCHEDULE A – COMPENSATION/RECEIPTS PAID TO THE LOBBYIST FOR LOBBYING:

YEAR: _____

Type of Report: January _____ July _____

Period Covering: _____ through _____

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: _____

COMPENSATION/RECEIPTS PAID FOR LOBBYING (AMOUNTS MAY BE ROUNDED OFF TO WHOLE DOLLARS)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)						
FEES/RETAINER	COMPENSATION					
\$	\$				\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION					
\$	\$				\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION					
\$	\$				\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION					
\$	\$				\$	\$
TOTAL RECEIPTS RECEIVED FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 7)					\$	\$

IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET (SEE NEXT PAGE FOR INSTRUCTIONS)

**BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY
 LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE ___ OF ___
 SCHEDULE A-1 -- LOBBYIST COMPENSATION/RECEIPTS RECEIVED FOR
 LOBBYIST SERVICES AND COMPENSATION PAID TO OTHERS:**

YEAR: _____
 Type of Report: January _____ July _____
 Period Covering: _____ through _____

LOBBYIST/EMPLOYEE LOBBYIST'S
 NAME: _____

OTHER COMPENSATION/RECEIPTS RECEIVED BY THE LOBBYIST AND/OR LOBBYIST EMPLOYEE AND PAID BY THE COMPENSATING REGISTRANT FOR LOBBYIST ACTIVITIES IN THE DISTRICT						TOTAL THIS PERIOD	CUMULATIVE TOTAL
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER							
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER							
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER							
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER							
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
TOTAL OTHER COMPENSATION/RECEIPTS RECEIVED FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 8)						\$	\$

IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET A-1
 (SEE NEXT PAGE FOR INSTRUCTIONS)

BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY
LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE ___ OF ___
SCHEDULE A-2 LOANS RECEIVED BY THE LOBBYIST

YEAR: _____

Type of Report: January _____ July _____

Period Covering: _____ through _____

LOBBYIST/EMPLOYEE LOBBYIST
NAME: _____

LOANS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY .					TOTAL LOANS THIS PERIOD TOTAL	CUMULATIVE LOAN TOTAL
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
LOAN						
\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
LOAN						
\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
LOAN						
\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
LOAN						
\$	\$	\$	\$	\$	\$	\$
TOTAL LOANS RECEIVED FOR THE PERIOD (CARRY TOTAL FORWARD TO LINE 9)					\$	\$

IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET
(SEE REVERSE SIDE FOR INSTRUCTIONS)

**BOARD OF ETHICS AND
GOVERNMENT
ACCOUNTABILITY
LOBBYIST ACTIVITY REPORT
SCHEDULE C** YEAR 2013
(See next page for Instructions)

Type of Report: January 2013 July _____

Covering Period 7/1/12 through 12/31/12

LOBBYIST/COMPENSATING'S REGISTRANT'S NAME: Costco Wholesale Corporation

DATE	NAME	NATURE OF EMPLOYMENT WITH REGISTRANT

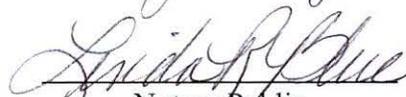
I, the undersigned, declare under oath and on penalty of perjury that the statements contained on this Lobbyist Activity Report are to the best of my knowledge, true, correct, and complete.

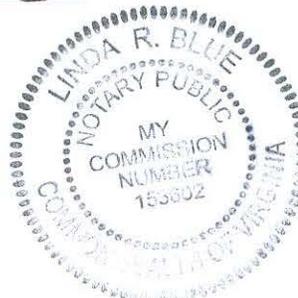
 **Jeffrey Z. Ishida**
VP Director of RE Development
 Signature of Registrant (or, if not an individual, an authorized officer or agent* of registrant must sign).

*The lobbyist retained by contract to provide lobbying services may not sign on behalf of the compensating registrant.

Subscribed and sworn to before me on this 23rd day of January, 2013

My commission Expires: 9/30/2013


 Notary Public



MY COMMISSION EXPIRES
9-30-13

NOTARY # 153602