-	PUBLIC	DISCL	OSURE COMMISSION
ATT			711 CAPITOL WAY RM 206
ÛΣ			PO BOX 40908
13		$\overline{}$	OLYMPIA WA 98504-0908
_			(360) 753-1111
			TOLL PREE 4 077 CM 2020

LOBBYIST REGISTRATION

THIS SPACE FOR OFFICE USE

L1 DATE FILED PDC

	(360) 753-1111	0908			(12/14)				
	TOLL FREE 1-877-601	-2929			(/	CED - U 2015			
1. Lobbyist Name	•				<u> </u>	' FEB - 9 2015			
Aequus Consulting	Corporation				:				
Permanent Bu	siness Address				Business Te	ephone Numbers			
DO D 4000					Permanent (360) 352-3100				
PO Box 1379					Temporary				
Address		C	ity	Zip	Cell Phone	()			
Olympia	WA		•	98507	or Pager				
2. Temporary Th	urston County address durin	g legislat	rive session		E-Mail Addre	·SS			
	•	0 0			AEQ3100@s	aol.com			
	SW, Olympia, WA 98501	-ann Far		Employer's c	occupation, business or description of				
3. Employer's name and address (person or group for which you lobby)						purpose of organization			
Kurt Tripp Ivory Jack's, 2131	7 39th Avenue, SE, Bothell, W.	-	Business						
	ress of person having custod			other documents which st employer's annual L-3 report.)	E-Mail Address				
Randy Ray	nuyusi teporus. (rerson tespo	onsible i	or producing the lobby!	stemployer's annual t-3 reports	AEQ3100@a	aol.com			
5. What is your p	ay (compensation) for lobby	ing?		Description of employment (check one	or more boxes				
\$ _10,000.00_	per2015 Session		☐ Full time employee ☐ Sole duty is lobbying						
(hour, day, month, year) Other: Explain: during Legislative Session				☐ Part time or temporary employee X Lobbying is only a part X Contractor, retainer or similar agreement of other duties					
Other: Explain	i: during registative session			☐ Unsalaried officer or member of gn					
6. Are you reimbursed for lobbying expenses? Explain which expenses. Yes: \$ per				Does employer pay any of your lobbying expenses directly? If yes, explain which ones.					
1	m reimbursed for expenses.			No ·					
	m not reimbursed for expens ou expect to lobby for this or		nn?						
, now long do y	ou expect to looky for this or	Бинган	,,,,						
Permanent lob			egislative session			fied work to be within set times			
				pies on behalf of its members or a rep g the name and address of each mem					
payments over \$1,	450 during either of the past	two year	rs or is expected to pay	over \$1,450 this year.		•			
X No Yes. The li	st is of parties attached	er, no me	ember or funder has par	d, pays, or is expected to pay over \$1	,450.				
including purchas	oloyer have a connected, relate tickets to fund raising even			action committee which will provide tical action committee	funds for you	to make political contributions			
X No Yes. Name	of the committee is: Washin	ngton Sel	f Insurer's Association 1	Legislative Fund					
			ness entity which emple	pys others to perform actual lobbying	, duties, l ist na	ame of each person who will lobby.			
(See WAC 390-20-	143 and 144 for instructions	.)							
	ich, Kyle Woodring	.1.6							
	est. Lobbying is most frequent agencies concerned with follo								
CODE SUBJECT			SUBJECT Health Care						
,	ess and consumer affairs		High er ed ucation						
03 Constit	tutions and elections		Human services Labor						
05 Energy	and utilities	13	Law and justice						
1	nmental affairs - natural rces - parks		Local government State government						
07 Financ	rial institutions and	16 🗌	Technology						
insura 08 Fiscal	ance		Transportation Other - Specify:						
	ON: I hereby certify that the a			EMPLOYER'S AUTHORIZATIO	N: Confirming	the employment authority to Johny			
correct stateme			DATE	described in this registration statemer EMPLOYER'S GIGNATURE, NAME	TEL .	• • •			
12. LOBBYIST'S SI	GNATURE		DATE	1 (XWODC	7	1-14-15			
Randall E. Ray, Pre	esident			Kurt Tripp		ALID HALEGO CICHED DY			
PDC Form L-1 (rev. 12/14) BOTH MOT VALID UNLESS SIGNED BY									