PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2929

LOBBYIST REGISTRATION

L1
(12/14)

THIS SPACE FOR OFFICE USE

RECEIVED

JAN 1 4 2015

Public Disclosure Commission

1. Lobbyist Name
Christopher Bandoli

Permanent Business Address

1501 Market Street
MK 501

City	State	Zip
Tacoma	WA	98402

2. Temporary Thurston County address during legislative session

Business Telephone Numbers
Permanent (206) 332-6701
Temporary (   )

Cell Phone (206) 369-2299
or Pager

E-Mail Address
Christopher.bandoli@regence.com

3. Employer's name and address (person or group for which you lobby)
Cambia Health Solutions dba Regence BlueShield, Asuris NW Health & BridgeSpan
100 SW Market Street, Portland, OR 97201

Employer's occupation, business or description of purpose of organization

Health care and insurance

4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports. (Person responsible for producing the lobbyist employer's annual L-3 report.)

Christopher Bandoli
Christopher.bandoli@regence.com
1501 Market St. MK 501, Tacoma, WA 98402

E-Mail Address

5. What is your pay (compensation) for lobbying?

$ __2,500__ per __month__
(hour, day, month, year)

Other: Explain:

Description of employment (check one or more boxes)

x Full time employee
☐ Part time or temporary employee
☐ Contractor, retainer or similar agreement
☐ Unsalaried officer or member of group

☐ Sole duty is lobbying
x Lobbying is only a part of other duties

6. Are you reimbursed for lobbying expenses? Explain which expenses.

☐ Yes: $ _____ per _____
x Yes: I am reimbursed for expenses.
☐ No: I am not reimbursed for expenses.

Does employer pay any of your lobbying expenses directly? If yes, explain which ones.

All except transportation expenses

7. How long do you expect to lobby for this organization?

x Permanent lobbyist   ☐ Only during legislative session   ☐ Other, Explain:

8. Is your employer a business or trade association or organization which lobbies on behalf of its members or a representative entity which lobbies on behalf of businesses, groups, associations, or organizations? If "yes," attach a list showing the name and address of each member or funder who has paid fees, dues or other payments over $1,450 during either of the past two years or is expected to pay over $1,450 this year.

x No   ☐ Yes. However, no member or funder has paid, pays, or is expected to pay over $1,450.
☐ Yes. The list is of parties attached

9. Does your employer have a connected, related or closely affiliated political action committee which will provide funds for you to make political contributions including purchase tickets to fund raising events? If so, list the name of that political action committee.

x No
☐ Yes. Name of the committee is:

10. If lobbyist is a company, partnership or similar business entity which employs others to perform actual lobbying duties, list name of each person who will lobby. (See WAC 390-20-143 and 144 for instructions.)

Chris Bandoli, Carrie Tellefson, Ally Magnano, Dave Malone

11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:

CODE	SUBJECT	CODE	SUBJECT
01 ☐	Agriculture	09 x	Health Care
02 ☐	Business and consumer affairs	10 ☐	Higher education
03 ☐	Constitutions and elections	11 ☐	Human services
04 ☐	Education	12 ☐	Labor
05 ☐	Energy and utilities	13 ☐	Law and justice
06 ☐	Environmental affairs - natural resources - parks	14 ☐	Local government
		15 ☐	State government
07 x	Financial institutions and insurance	16 ☐	Technology
		17 ☐	Transportation
08 ☐	Fiscal	18 ☐	Other - Specify:

Remarks:

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement.

12. LOBBYIST'S SIGNATURE   DATE

Chris Bandoli (signature)

Chris Bandoli
Director, Government Affairs   01/12/2015

EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described in this registration statement.

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE   DATE

Donald M. Antonucci (signature)

Don Antonucci
President, Regence BlueShield   01/12/2015

NOT VALID UNLESS SIGNED BY BOTH

PDC Form L-1 (rev. 12/14)