

# LOBBYIST REGISTRATION

189A47C5-01

# L1

12/14

DEC 08 2015

1. Lobbyist Name Last First M.I. <b>BERENDT &amp; ASSOCIATES LLC</b>			Business Telephone Numbers Permanent 360-791-4866
Permanent Business Address 1702 SULENES LP SE			Temporary Cell or Pager

City OLYMPIA	State WA	Zip 98501	E-mail address BERENDTANDASSOCIATES@COMG
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2. Temporary Thurston County address during legislative session	Employer's occupation, business or description of purpose of organization Health Care Provider
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3. Employer's name and address (person or group for which you lobby) Seattle Cancer Care Alliance	
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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) Madeline O. Grant	E-mail address mgrant@seattlecca.org
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5. What is your pay (compensation) for lobbying? \$ 5,000.00 per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input checked="" type="checkbox"/> Month <input type="checkbox"/> Year Other: Explain: _____	Description of employment (check one or more boxes) <input checked="" type="checkbox"/> Lobbying is only a part of other duties <input type="checkbox"/> Full time employee <input checked="" type="checkbox"/> Contractor, retainer or similar agreement <input type="checkbox"/> Sole duty is lobbying <input type="checkbox"/> Part time or temporary employee <input type="checkbox"/> Unsalaries officer or member of group
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6. Are you reimbursed for expenses? Explain which expenses. <input type="checkbox"/> YES \$ _____ per _____ <input type="checkbox"/> YES: I am reimbursed for expenses <input checked="" type="checkbox"/> NO: I am not reimbursed for expenses	Does employer pay any of your lobbying expenses directly? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain which ones.
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7. How long do you expect to lobby for this organization? <input checked="" type="checkbox"/> Permanent lobbyist <input checked="" type="checkbox"/> Only during legislative session <input type="checkbox"/> Other, explain:
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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. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. However, no member or funder has paid, pays, or is expected to pay over \$1,450 <input type="checkbox"/> Yes. The list is attached
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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 the purchase of tickets to fund raising events? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, name of committee:
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10. If lobbyist is a company, partnership or similar business entity which employs others to perform actual lobbying duties, list the name of each person who will lobby. (See WAC 390-20-143 & 144 for instructions.) N/A Elizabeth S. Berendt
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11. Areas of Interest. Lobbying is most frequent before legislative committee members or state agencies concerned with the following subjects: <input type="checkbox"/> Agriculture 10 <input type="checkbox"/> Higher education <input type="checkbox"/> Business and consumer affairs 11 <input type="checkbox"/> Human services <input type="checkbox"/> Constitutions and elections 12 <input type="checkbox"/> Labor <input type="checkbox"/> Education 13 <input type="checkbox"/> Law and justice <input type="checkbox"/> Energy and utilities 14 <input type="checkbox"/> Local government <input type="checkbox"/> Environmental affairs - natural resources - parks 15 <input type="checkbox"/> State government <input type="checkbox"/> Financial institutions and insurance 16 <input type="checkbox"/> Technology <input type="checkbox"/> Fiscal 17 <input type="checkbox"/> Transportation <input checked="" type="checkbox"/> Health Care 18 <input type="checkbox"/> Other If other, specify Insurance	Remarks
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<b>Certification:</b> I hereby certify that the above is a true, complete and correct statement.	<b>Employer's Authorization:</b> Confirming the employment authority to lobby described in this registration statement.
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12. Lobbyist's Signature x <i>Elizabeth S. Berendt</i> Date: 12/02/2015	Employer's Signature, name typed or printed, and title Date x <i>Michelle Hope</i> Deborah G. Harten 12/7/15
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