



# LOBBYIST REGISTRATION

**L1**  
(1/14)

THIS SPACE FOR OFFICE USE  
DATE FILED PDC

APR 04 2016

1. Lobbyist Name  
**Bogard & Johnson LLC**

Permanent Business Address  
**200 Union Avenue**

City: **Olympia** State: **WA** Zip: **98501**

Business Telephone Numbers  
Permanent ( 360 ) 956-3322  
Temporary ( )  
Cell Phone (206) 979-0326 or Pager

2. Temporary Thurston County address during legislative session

E-Mail Address  
**becky@bogardjohnson.com**

3. Employer's name and address (person or group for which you lobby)  
**Cultural Access Washington PO Box 806 Seattle, WA 98111**

Employer's occupation, business or description of purpose of organization  
**Association of Arts Organizations**

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.)  
**Philip Lloyd 603 Stewart Street Suite 819 Seattle, WA 98101**

E-Mail Address  
**Phil@Seattlecfo.com**

5. What is your pay (compensation) for lobbying?  
\$ \$2500.00 per month

Other: Explain:

Description of employment (check one or more boxes)

Full time employee  
 Part time or temporary employee  
 Contractor, retainer or similar agreement  
 Unsalared officer or member of group

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

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

Yes: \$ \_\_\_\_\_ per \_\_\_\_\_  
 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.

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

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 (excluding individuals) who has paid fees, dues or other payments over \$500 during either of the past two years or is expected to pay over \$500 this year.

No  
 Yes. However, no member or funder has paid, pays, or is expected to pay over \$500.  
 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.

No  
 Yes. Name of the committee is: **CulturePAC**

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.)  
**Rebecca Bogard, Kathryn Hedrick**

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

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

Remarks:  
**Formerly lobbied for ArtsFund under the d/b/a Cultural Access WA (CAW). CAW formed their own organization in September 2015 and assumed the lobbying contract.**

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

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

12. LOBBYIST'S SIGNATURE  
*Rebecca Bogard*  
Rebecca L. Bogard

DATE  
**3/4/16**

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE  
*D. David Brown*  
**D. DAVID BROWN INTERIM EXECUTIVE DIRECTOR**

DATE  
**2/16/16**