PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111

LOBBYIST REGISTRATION

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THIS SPACE FOR OFFICE USE

	(360) 753-1111 TOLL FREE 1-877-601-2929			(12/14)	MAY -6 2015	
1.	Lobbyist Name] 11A1 0 Z013	
	Ginger Eagle				Public Disclosure Commission	
	Permanent Business Address			Business Tel	lephone Numbers	
	1501 Capitol Way S., Suite 30)4		Permanent ((360) 943-0760	
	•			Temporary (,	
-	City	State.	Zip	Cell Phone ((360) 259-2440	
	Olympia	WA	98507-1518	or Pager		
	Temporary Thurston County address during legislative se NA	ession		E-Mail Addres	SS	
				ginger@	washingtonports.org	
3. E	Employer's name and address (person or group for which		Employer's or purpose of or	ccupation, business or description of ganization		
	Washington Public Ports Association 1501 Capitol Way S., Suite 304, Olympia, WA 98501				Local Government Trade Assoc.	
4. N	Name and address of person having custody of accounts, lobbyist reports. (Person responsible for producing the lot	locuments which substantiate 3 report.)	E-Mail Address			
	Jacqueline Hatfield, address same as above				jhatfield@washingtonports.org	
	What is your pay (compensation) for lobbying?	Description of employment (check one of	·			
•	5 <u>25,485.55</u> per <u>Year</u> (hour, day, month, year)		☐ Full time employee ☐ Part time or temporary employee		☐ Sole duty is lobbying ☐ Lobbying is only a part	
C	Other: Explain:		☐ Contractor, retainer or similar agree		of other duties	
6. A	Are you reimbursed for lobbying expenses? Explain which	Unsalaried officer or member of group Does employer pay any of your lobbying expenses directly?				
	Yes: \$ per	If yes, explain which ones. Rent, overhead, clerical, postage, printing, credit cards				
	Yes: I am reimbursed for expenses. No: I am not reimbursed for expenses.		Refit, Overfleau, Ciericai,	postage, p	rinting, credit cards	
7. H	low long do you expect to lobby for this organization?					
		g 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.						
□ 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 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.						
Yes. Name of the committee is:						
 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.) 						
NA						
	reas of interest. Lobbying is most frequent before legislate agencies concerned with following subjects:	tive committee members	Remarks:			
	CODE SUBJECT CODE S	SUBJECT Health Care				
02	2 ☐ Business and consumer affairs 10 ☐ H	ligher education				
04	Education 12 🗵 Li	abor aw and justice				
	B 🗵 Environmental affairs - natural 14 🔯 Lo	ocal government state government				
07	☐ Financial institutions and 16 🗵 To	Technology Transportation				
08		Other - Specify:				
	ERTIFICATION: I hereby certify that the above is a true, atement.	complete and correct	EMPLOYER'S AUTHORIZATION: Co in this registration statement.	onfirming the er	mployment authority to lobby described	
12. LC	DBBYIST'S SIGNATURE	DATE	EMPLOYER'S SIGNATURE, NAME TY	PED OR PRINT	TED, AND TITLE DATE	
	June 200	01/13/15	anck	\$ JE	1-13-17	