

LOBBYIST REGISTRATION

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DATE FILED PDC

AUG 10 2016

1. Lobbyist Name Last First M.I. ZABALA ERIC			Business Telephone Numbers Permanent 253-912-6037 Temporary Cell or Pager		
Permanent Business Address 1000 Wilmington DR			E-mail address eric.zabala.tbj@statefarm.co		
City DuPont	State WA	Zip 98327			
2. Temporary Thurston County address during legislative session			Employer's occupation, business or description of purpose of organization Insurance		
3. Employer's name and address (person or group for which you lobby) State Farm Mutual					
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) Eric Zabala, 1000 Wilmington Dr, DuPont WA, 98327			E-mail address Eric.Zabala.TBNJ@statefarm.com		
5. What is your pay (compensation) for lobbying? \$ 56,501.00 per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Month <input checked="" 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 checked="" type="checkbox"/> Full time employee <input 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"/> Unsalariated officer or member of group		
6. Are you reimbursed for expenses? Explain which expenses. <input type="checkbox"/> YES \$ _____ per _____ <input checked="" type="checkbox"/> YES: I am reimbursed for expenses <input 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.		
7. How long do you expect to lobby for this organization? <input checked="" type="checkbox"/> Permanent lobbyist <input type="checkbox"/> Only during legislative session <input type="checkbox"/> 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. <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					
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, name of committee: State Farm Mutual Automobile Insurance Company Federal					
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.)					
11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with the following subjects:			Remarks		
<input type="checkbox"/> Agriculture <input type="checkbox"/> Business and consumer affairs <input type="checkbox"/> Constitutions and elections <input type="checkbox"/> Education <input type="checkbox"/> Energy and utilities <input type="checkbox"/> Environmental affairs - natural resources - parks <input checked="" type="checkbox"/> Financial institutions and insurance <input type="checkbox"/> Fiscal <input type="checkbox"/> Health Care If other, specify	<input type="checkbox"/> Higher education <input type="checkbox"/> Human services <input checked="" type="checkbox"/> Labor <input type="checkbox"/> Law and justice <input type="checkbox"/> Local government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Technology <input checked="" type="checkbox"/> Transportation <input type="checkbox"/> Other				
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 x		Date 7/18/2016	Employer's Signature, name typed or printed, and title x		Date 8-1-16

Elizabeth M. Stall, Grassroots Manager

NOT VALID UNLESS SIGNED BY YOUR EMPLOYER