



PUBLIC DISCLOSURE COMMISSION
 711 CAPITOL WAY RM 206
 PO BOX 40908
 OLYMPIA WA 98504-0908
 (360) 753-1111
 TOLL FREE 1-877-601-2828

LOBBYIST REGISTRATION

RECEIVED
THIS SPACE FOR OFFICE USE

L1

(12/03)

JAN 12 2015

Public Disclosure Commission

1. Lobbyist Name
Michael Groesch

Permanent Business Address
120 State Ave NE #294

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

Business Telephone Numbers
 Permanent (360) 280-7187
 Temporary ()
 Cell Phone (360) 280-7187 or Pager

E-Mail Address
michael.groesch@comcast.net

2. Temporary Thurston County address during legislative session

3. Employer's name and address (person or group for which you lobby)
Northwest Museum of Arts and Culture Foundation
2316 W First Avenue, Spokane, WA 99201-5906

Employer's occupation, business or description of purpose of organization
Non profit entity to support the Northwest Museum of Arts & Culture (MAC)

4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports. (Person responsible for producing the annual L3 report)

Forrest Rodgers
2316 W First Avenue, Spokane, WA 99201-5906

E-Mail Address
forrest.rodgers@northwestmuseum.org

5. What is your pay (compensation) for lobbying?
 \$ 3,500.00 per Month
 (hour, day, month, year)

Other: Explain:

Description of employment (check one or more boxes)

Full time employee
 Part time or temporary employee
 Contractor, retainer or similar agreement
 Unsalariated 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 similar organization which lobbies on behalf of its members? If "yes," attach a list showing the name and address of each member who has paid the association 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 has paid, pays, or is expected to pay over \$500.
 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 purchase tickets to fund raising events? If so, list the name of that political action committee.

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.)

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

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

Remarks:

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

12. LOBBYIST'S SIGNATURE DATE **12/2/2014**

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

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE DATE **12.09.2014**