

 <b>PUBLIC DISCLOSURE COMMISSION</b> <b>711 CAPITOL WAY RM 206</b> <b>PO BOX 40908</b> <b>OLYMPIA WA 98504-0908</b> <b>(360) 753-1111</b> <b>TOLL FREE 1-877-601-2929</b>		<b>LOBBYIST REGISTRATION</b>		<b>L1</b> (12/18)		THIS SPACE FOR OFFICE USE	
1. Lobbyist Name HPC Advocacy LLC							
Permanent Business Address PO Box 1414				Business Telephone Numbers Permanent ( 360 )791-6647 Temporary ( )			
City Olympia		State WA		Zip 98507		Cell Phone ( 360 )791-6647 or Pager	
2. Temporary Thurston County address during legislative session				E-Mail Address hollychisa@comcast.net			
3. Employer's name and address (person or group for which you lobby) <i>Mallin Krodt Pharmaceuticals</i> <i>385 Marshall Ave, Webster Groves MO 63119</i>				Employer's occupation, business or description of purpose of organization <i>Pharmaceuticals</i>			
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.) <i>Kevin Webb</i> <i>385 Marshall Ave, Webster Groves, MO 63119</i>				Employer E-Mail Address <i>Kevin.webb@mntk.com</i> Phone Number <i>(314) 775-6073</i> <i>(cell)</i>			
5. What is your pay (compensation) for lobbying? \$ <u>5000.00</u> per <u>Month</u> (hour, day, month, year) Other: Explain:		Description of employment (check one or more boxes) <input type="checkbox"/> Full time employee <input type="checkbox"/> Part time or temporary employee <input checked="" type="checkbox"/> Contractor, retainer or similar agreement <input type="checkbox"/> Unsalaries officer or member of group <input type="checkbox"/> Sole duty is lobbying <input type="checkbox"/> Lobbying is only a part of other duties					
6. Are you reimbursed for lobbying 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? If yes, explain which ones. <b>No</b>					
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 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 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. <input type="checkbox"/> No <input type="checkbox"/> 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.) <b>Holly Chisa</b>							
11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:				Remarks:			
CODE SUBJECT 01 <input type="checkbox"/> Agriculture 02 <input type="checkbox"/> Business and consumer affairs 03 <input type="checkbox"/> Constitutions and elections 04 <input type="checkbox"/> Education 05 <input type="checkbox"/> Energy and utilities 06 <input type="checkbox"/> Environmental affairs - natural resources - parks 07 <input type="checkbox"/> Financial institutions and insurance 08 X Fiscal		CODE SUBJECT 09X Health Care 10 <input type="checkbox"/> Higher education 11 <input type="checkbox"/> Human services 12 <input type="checkbox"/> Labor 13 <input type="checkbox"/> Law and justice 14 <input type="checkbox"/> Local government 15 <input type="checkbox"/> State government 16 <input type="checkbox"/> Technology 17 <input type="checkbox"/> Transportation 18 <input type="checkbox"/> Other - Specify:					
<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.			
12. LOBBYIST'S SIGNATURE <i>Holly Chisa</i>		DATE <i>11/11/19</i>		EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE <i>Kevin Webb</i>		DATE <i>11/14/19</i>	