

LOBBYIST REGISTRATION

L1

12/14

1. Lobbyist Name Last First M.I. JDM Consulting LLC			Business Telephone Numbers Permanent
Permanent Business Address 120 State Ave. NE			Temporary Cell or Pager 360-584-5705
City Olympia	State wa	Zip 98501	E-mail address davemastin@comcast.net
2. Temporary Thurston County address during legislative session			Employer's occupation, business or description of purpose of organization Lobbying firm
3. Employer's name and address (person or group for which you lobby) Johnson Arledge Strategies			
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) PO BOX 815 Olympia WA 98507			E-mail address davemastin@comcast.net
5. What is your pay (compensation) for lobbying? \$ 3,000.00 per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input checked="" type="checkbox"/> Month <input type="checkbox"/> Year Other: Explain: _____		Description of employment (check one or more boxes) <input type="checkbox"/> Lobbying is only a part of other duties <input type="checkbox"/> Full time employee <input checked="" 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 type="checkbox"/> YES: I am reimbursed for expenses <input checked="" type="checkbox"/> NO: I am not reimbursed for expenses		Does employer pay any of your lobbying expenses directly? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain which ones.	
7. How long do you expect to lobby for this organization? <input type="checkbox"/> Permanent lobbyist <input type="checkbox"/> Only during legislative session <input checked="" type="checkbox"/> Other, explain: August 2015-December 2015			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, name of committee:			
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.) Dave Mastin			
11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with the following subjects: 02 <input type="checkbox"/> Agriculture 03 <input type="checkbox"/> Business and consumer affairs 04 <input type="checkbox"/> Constitutions and elections 05 <input type="checkbox"/> Education 06 <input type="checkbox"/> Energy and utilities 07 <input type="checkbox"/> Environmental affairs - natural resources - parks 08 <input checked="" type="checkbox"/> Fiscal 09 <input type="checkbox"/> 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 If other, specify			Remarks BOB AMUD 751 SPEEA
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 <i>[Signature]</i>		Date 10/22/15	Employer's Signature, name typed or printed, and title Date X _____

