

LOBBYIST REGISTRATION

L1
(12/14)

THIS SPACE FOR OFFICE USE
DATE FILED PDC
 DEC 22 2014

1. Lobbyist Name
 Johanna Lindsay

Permanent Business Address
 115 NE 100th Street, Suite 350

City: Seattle State: WA Zip: 98125

Business Telephone Numbers
 Permanent (206) 547-2707, ext. 105
 Temporary ()
 Cell Phone (206) 427-3642 or Pager

2. Temporary Thurston County address during legislative session
 n/a

E-Mail Address
 jlindsay@arthritis.org

3. Employer's name and address (person or group for which you lobby)
 Arthritis Foundation, Great West Region

Employer's occupation, business or description of purpose of organization
 Voluntary Health Organization

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.)
 Tara Zuehl, Chief Financial Officer, 115 NE 100th Street, Suite 350, Seattle, WA 98125

E-Mail Address
 tzuehl@arthritis.org

5. What is your pay (compensation) for lobbying?
 \$ 40.25 per hour (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.
 Meals or other travel expenses charged on corporate card

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 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

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

Remarks:

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
Johanna Lindsay DATE 12/17/14

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE
 S. D. W. Wilson DATE 12-18-14