



# LOBBYIST REGISTRATION

RECEIVED  
JAN 26 2015  
Public Disclosure Commission

**L1**  
(12/03)

1. Lobbyist Name  
**Johnson Arledge Strategies**

Permanent Business Address  
**PO Box 815**

City: **Olympia** State: **WA** Zip: **98507**

Business Telephone (360) **359-8872**  
Permanent ( 360 ) **359-8872**  
Temporary ( )  
Cell Phone (360) **359-8872**  
or Pager

E-Mail Address  
**rebecca@johnsonarledge.com**

2. Temporary Thurston County address during legislative session

3. Employer's name and address (person or group for which you lobby)  
**March of Dimes**

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)  
**Gina Legaz; [GLegaz@marchofdimes.org](mailto:GLegaz@marchofdimes.org); 1904 3rd Avenue #230, Seattle, WA 98101**

E-Mail Address

5. What is your pay (compensation) for lobbying?  
\$ 11,000 per year  
(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.

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.)  
**Rebecca Johnson Arledge, Cody Arledge, Ryan Hall**

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 checked="" 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.

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

12. LOBBYIST'S SIGNATURE:

DATE: \_\_\_\_\_

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE:   
**State Director of Programs**

DATE: **1/2/15**

**NOT VALID UNLESS SIGNED BY**

**BOTH**