PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2929

LOBBYIST REGISTRATION

L1
(12/18)

THIS SPACE FOR OFFICE USE

1. Lobbyist Name

Permanent Business Address

City State Zip

Business Telephone Numbers
Permanent ( )
Temporary ( )
Cell Phone ( )
or Pager

2. Temporary Thurston County address during legislative session

E-Mail Address

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

Employer's occupation, business or description of purpose of 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.)

Employer E-Mail Address

Phone Number ( )

5. What is your pay (compensation) for lobbying?

$ _____ per _____
(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
- ☐ Unsalaried 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 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 ☐	Agriculture	09 ☐	Health Care
02 ☐	Business and consumer affairs	10 ☐	Higher education
03 ☐	Constitutions and elections	11 ☐	Human services
04 ☐	Education	12 ☐	Labor
05 ☐	Energy and utilities	13 ☐	Law and justice
06 ☐	Environmental affairs - natural resources - parks	14 ☐	Local government
		15 ☐	State government
07 ☐	Financial institutions and insurance	16 ☐	Technology
		17 ☐	Transportation
08 ☐	Fiscal	18 ☐	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 DATE

NOT VALID UNLESS SIGNED BY BOTH