

1. Lobbyist Name  
*Mary A. Van Cleve*

Permanent Business Address  
*101 Yester Way, Ste. 300*  
*Seattle WA 98104*

Business Telephone Numbers  
 Permanent (206) 287-8622  
 Temporary ( )  
 Cell Phone (206) 856-8158 or Pager

2. Temporary Thurston County address during legislative session  
*N/A*

E-Mail Address  
*mary.vanderve @ columbiaregal.org*

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

Employer's occupation, business or description of purpose of organization  
*Legal Services*

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.)  
~~*Sharon Aytand*~~ *John Midgley*

E-Mail Address *John.midgley @ columbiaregal.org*  
~~*Sharon.aytand @ columbiaregal.org*~~

5. What is your pay (compensation) for lobbying?  
 \$ *45.642* per *hr.*  
 (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  
 Unsalaries 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. (*travel, mileage, parking*)  
 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: *some legislative lobbying during session + admin lobbying during year*

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.)

| CODE SUBJECT                |   | CODE SUBJECT                           |                  |
|-----------------------------|---|--|------------------|
| 01 <input type="checkbox"/> | Agriculture                                       | 09 <input 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 checked="" type="checkbox"/> | Human services   |
| 04 <input type="checkbox"/> | Education   | 12 <input type="checkbox"/>            | Labor            |
| 05 <input type="checkbox"/> | Energy and utilities                              | 13 <input checked="" 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 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 *Mary A. Van Cleve* DATE *1-27-15*

EMPLOYER'S SIGNATURE NAME TYPED OR PRINTED, AND TITLE DATE  
*John Midgley* *Director* *1/27/15*  
*John Midgley* *Director*