

LOBBYIST REGISTRATION

THIS SPACE FOR OFFICE USE
L1
 DATE FILED PDC
SEP 13 2016
 (12/03)

1. Lobbyist Name
Jennifer Muhm

Permanent Business Address
575 Andover Park W #101 Suite 101

Business Telephone Numbers
 Permanent (206) **575-7979 x3009**
 Temporary ()
 Cell Phone (206) **245-3077**
 or Pager

City **Seattle** State **WA** Zip **98188**

E-Mail Address
JMuhm@wsna.org

2. Temporary Thurston County address during legislative session

3. Employer's name and address (person or group for which you lobby)
Washington State Nurses Association
575 Andover Park W #101 Seattle, WA 98188

Employer's occupation, business or description of purpose of organization
union

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)
Judy Huntington
WSNA, 575 Andover Park West, Suite 101, Seattle, WA 98188

E-Mail Address
jhunting@wsna.org

5. What is your pay (compensation) for lobbying?
 \$ _____ per _____
 (hour, day, month, year)
 Other: Explain:

Description of employment (check one or more boxes)

<input checked="" type="checkbox"/> Full time employee	<input type="checkbox"/> Sole duty is lobbying
<input type="checkbox"/> Part time or temporary employee	<input type="checkbox"/> Lobbying is only a part of other duties
<input type="checkbox"/> Contractor, retainer or similar agreement	
<input type="checkbox"/> Unsalariated officer or member of group	

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.
 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 purchase tickets to fund raising events? If so, list the name of that political action committee.
 No
 Yes. Name of the committee is: **WSNA-PAC**

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"/> 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 checked="" type="checkbox"/> Labor
04 <input checked="" 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 type="checkbox"/> State government
07 <input checked="" 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.

12. LOBBYIST'S SIGNATURE **Jennifer Muhm** DATE **9/13/16**

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

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE **Anne Piazza, Assistant Executive Director** DATE **9/13/16**

NOT VALID UNLESS SIGNED BY BOTH