



**LOBBYIST REGISTRATION**

**L1**  
(1/14)

THIS SPACE FOR OFFICE USE  
DATE FILED PDC

JAN 09 2017

1. Lobbyist Name  
**Pierce Consulting Services, LLC**  
Permanent Business Address  
PO Box 4410

City Olympia State WA Zip 98501

Business Telephone Numbers  
Permanent ( 360 ) 870-2729  
Temporary ( )  
Cell Phone ( ) or Pager

2. Temporary Thurston County address during legislative session  
E-Mail Address  
cindi@cindiholmstrom.com

3. Employer's name and address (person or group for which you lobby)  
Rob Makin Consulting (on behalf of Unified Grocers)  
1940 5<sup>th</sup> Avenue West, Seattle, WA 98119  
Employer's occupation, business or description of purpose of organization  
Lobbying Firm

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.)  
Rob Makin, 1940 5<sup>th</sup> Avenue W, Seattle, WA 98119  
E-Mail Address  
rob@rmakin.com

5. What is your pay (compensation) for lobbying?  
\$ 3000.00 per month (hour, day, month, year)  
Other: Explain:  
Description of employment (check one or more boxes)  
 Full time employee  Sole duty is lobbying  
 Part time or temporary employee  Lobbying is only a part of other duties  
 Contractor, retainer or similar agreement  
 Unsalairied 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.  
No

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 (excluding individuals) who has paid 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 or funder has paid, pays, or is expected to pay over \$500.  
 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.)

Cindi Holmstrom, subcontractor for United Grocers

11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:  
Remarks:

CODE	SUBJECT	CODE	SUBJECT
01	<input type="checkbox"/> Agriculture	09	<input type="checkbox"/> Health Care
02	<input checked="" 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 checked="" type="checkbox"/> State government
08	<input checked="" type="checkbox"/> Fiscal	16	<input type="checkbox"/> Technology
		17	<input type="checkbox"/> Transportation
		18	<input type="checkbox"/> Other - Specify:

**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  
*Cindi Holmstrom* 1/9/16

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE DATE  
*Rob Makin* Rob Makin, Principal 1/9/16