



PUBLIC DISCLOSURE COMMISSION  
 711 CAPITOL WAY RM 208  
 PO BOX 40908  
 OLYMPIA WA 98504-0908  
 (360) 753-1111  
 TOLL FREE 1-877-601-2929

# LOBBYIST REGISTRATION

**L1**  
(12/14)

THIS DATE FILED PDC

JAN - 8 2015

1. Lobbyist Name Principled Solutions		Business Telephone Numbers Permanent ( 360 ) 943-9213 Temporary ( )																																													
Permanent Business Address 4234 Biscay Street Northwest		Cell Phone ( 360 ) 870-5225 or Pager																																													
City Olympia	State WA	Zip 98502																																													
2. Temporary Thurston County address during legislative session Same as Above		E-Mail Address PrincipledSolutions@comcast.net																																													
3. Employer's name and address (person or group for which you lobby) Cigar Association of Washington, 5963 Corson Avenue South, Suite 130, Seattle, WA 98108-2646		Employer's occupation, business or description of purpose of organization Association of Cigar Purveyors																																													
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.) Joe Arundel, President		E-Mail Address raincitycigar@msn.com																																													
5. What is your pay (compensation) for lobbying? \$ 2000.00 per Month (hour, day, month, year) Other: Explain:		Description of employment (check one or more boxes) <input type="checkbox"/> Full time employee <input type="checkbox"/> Part time or temporary employee <input checked="" type="checkbox"/> Contractor, retainer or similar agreement <input type="checkbox"/> Unsalariated officer or member of group <input checked="" type="checkbox"/> Sole duty is lobbying <input type="checkbox"/> Lobbying is only a part of other duties																																													
6. Are you reimbursed for lobbying expenses? Explain which expenses. <input type="checkbox"/> Yes: \$ _____ per _____ <input type="checkbox"/> Yes: I am reimbursed for expenses. <input checked="" type="checkbox"/> 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? <input checked="" type="checkbox"/> Permanent lobbyist <input type="checkbox"/> Only during legislative session <input type="checkbox"/> 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. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. However, no member or funder has paid, pays, or is expected to pay over \$1,450. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> No <input type="checkbox"/> 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.) Thomas S. Dooley																																															
11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:		Remarks:																																													
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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 		EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE JOSEPH P. ARUNDEL PRESIDENT-CAW																																													
DATE 1/5/15		DATE 1/7/15																																													

NOT VALID UNLESS SIGNED BY BOTH