

LOBBYIST REGISTRATION

L1

(1/14)

THIS SPACE FOR OFFICE USE
DATE FILED PDC

JAN - 5 2015

1. Lobbyist Name
Brian Seppi, MD

Permanent Business Address
2001 6th Avenue Suite 2700

Business Telephone Numbers
 Permanent (206) 441-9762
 Temporary ()
 Cell Phone ()
 or Pager

City State Zip
Seattle WA 98121

2. Temporary Thurston County address during legislative session
1800 Cooper Point Road SW Building 7A
Olympia, WA 98502

E-Mail Address
jen@wsma.org

3. Employer's name and address (person or group for which you lobby)
Washington State Medical Association
2001 6th Avenue Suite 2700
Seattle, WA 98121

Employer's occupation, business or description of purpose of organization
Professional 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.)
Amy Fredericks, WSMA Director of Finance
2001 6th Avenue Suite 2700 Seattle, WA 98121

E-Mail Address
alf@wsma.org

5. What is your pay (compensation) for lobbying?
 \$ None per _____
 (hour, day, month, year)
 Other: Explain:

Description of employment (check one or more boxes)

<input 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 checked="" type="checkbox"/> Unsalaries 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.
Travel, Lodging, Meals

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: **Washington State Medical Political Action Committee (WAMPAC)**

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.)
NA

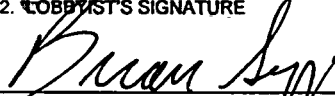
11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:

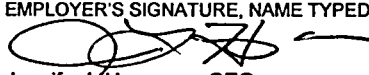
CODE SUBJECT	CODE SUBJECT
01 <input type="checkbox"/> Agriculture	09 <input checked="" type="checkbox"/> Health Care
02 <input type="checkbox"/> Business and consumer affairs	10 <input type="checkbox"/> Higher education
03 <input type="checkbox"/> Constitutions and elections	11 <input checked="" type="checkbox"/> Human services
04 <input type="checkbox"/> Education	12 <input type="checkbox"/> Labor
05 <input type="checkbox"/> Energy and utilities	13 <input type="checkbox"/> Law and justice
06 <input type="checkbox"/> Environmental affairs - natural resources - parks	14 <input type="checkbox"/> Local government
07 <input checked="" 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

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
 **12/11/14**

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE DATE
 **12/23/14**
Jennifer L Hanscom, CEO