

LOBBYIST REGISTRATION

L1

(12/14)

THIS SPACE FOR OFFICE USE

RECEIVED

1. Lobbyist Name
 Stuart A. Halsan

2015 JAN -7 PM 12:24

Permanent Business Address
 P.O. Box 1049

City State Zip
 Centralia WA 98531

Business Telephone Numbers
 Permanent ()
 Temporary ()
 Cell Phone (360) 561-1835
 or Pager

2. Temporary Thurston County address during legislative session
 Same

E-Mail Address
 stuhalsan@localaccess.com

3. Employer's name and address (person or group for which you lobby)
 Towing and Recovery Association of Washington
 P.O. Box 281
 Cashmere, WA 98815

Employer's occupation, business or description of purpose of organization
 Trade Association, Tow Operators

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.)
 Mikie Walcker, Executive Director, Same address

E-Mail Address
 Mike @towingandrecovery.net

5. What is your pay (compensation) for lobbying?
 \$ 3,487.50 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
 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 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 .. Will Provide

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: TOWPAC

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.)
 N/A

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 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	Human services
04 <input type="checkbox"/>	Education	12 <input checked="" type="checkbox"/>	Labor
05 <input type="checkbox"/>	Energy and utilities	13 <input checked="" type="checkbox"/>	Law and justice
06 <input checked="" type="checkbox"/>	Environmental affairs - natural resources - parks	14 <input checked="" 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	Technology
		17 <input checked="" 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

 Stuart A. Halsan

DATE
1-7-2015

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE

 Mike Walcker, Executive Director

DATE
12/29/2014