

LOBBYIST REGISTRATION

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 (12/11)
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THIS SPACE FOR OFFICE USE

1. Lobbyist Name
 Stuart A. Halsan
 2015 JAN 26 AM 10: 22

Permanent Business Address
 P.O. Box 1049
 City: Centralia State: WA Zip: 98531
 Business Telephone Numbers
 Permanent (360) 561-1835
 Temporary () same
 Cell Phone () same 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)
 Legal Ivory Rights Coalition
 Box 669
 Brinnon, WA 98320
 Employer's occupation, business or description of purpose of organization
 Trade Coalition

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.)
 David Boone, Same Address
 E-Mail Address
 boss@boonetrading.com

5. What is your pay (compensation) for lobbying?
 \$ 2,500.00 per For January 2015
 (hour, day, month, year)
 Other: Explain: \$2,000.00 per month thereafter if necessary
 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: As long as necessary

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.

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.)
 N/A

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

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 checked="" type="checkbox"/> Law and justice
06 <input checked="" type="checkbox"/> Environmental affairs - natural resources - parks	14 <input type="checkbox"/> Local government
07 <input type="checkbox"/> Financial institutions and insurance	15 <input type="checkbox"/> State government
08 <input type="checkbox"/> Fiscal	16 <input type="checkbox"/> Technology
	17 <input type="checkbox"/> Transportation
	18 <input type="checkbox"/> Other - Specify:

 Remarks:

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement.
 12. LOBBYIST'S SIGNATURE: Stuart A. Halsan DATE: 1-26-15
EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described in this registration statement.
 EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE: David Boone - Chair VIC and Personally DATE: 1/23/15