

AUG 18 2016

LOBBYIST REGISTRATION 099378AE-25		L1 12/14	9247508443
1. Lobbyist Name Last: MAURER First: WILLIAM M.I.		Business Telephone Numbers Permanent (425) 646-9300 Temporary Cell or Pager	
Permanent Business Address 10500 NE 8TH STREET, SUITE # 1760		E-mail address WMAURER@IJ.ORG	
City: BELLEVUE	State: WA	Zip: 98004	E-mail address: WMAURER@IJ.ORG
2. Temporary Thurston County address during legislative session N/A		Employer's occupation, business or description of purpose of organization Advance rule of law so that individuals can control their destinies.	
3. Employer's name and address (person or group for which you lobby) Institute for Justice - 901 N. Glebe Road, Suite 900, Arlington VA 22203		E-mail address bakapp@ij.org	
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) Britany Stepper - 901 N. Glebe Road, Suite 900, Arlington VA 22203		E-mail address bakapp@ij.org	
5. What is your pay (compensation) for lobbying? \$ 79.91 per <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Month <input type="checkbox"/> Year Other: Explain: _____		Description of employment (check one or more boxes) <input type="checkbox"/> Lobbying is only a part of other duties <input checked="" type="checkbox"/> Full time employee <input type="checkbox"/> Contractor, retainer or similar agreement <input type="checkbox"/> Sole duty is lobbying <input type="checkbox"/> Part time or temporary employee <input type="checkbox"/> Unsalared officer or member of group	
6. Are you reimbursed for expenses? Explain which expenses. <input type="checkbox"/> YES \$ _____ per _____ <input checked="" type="checkbox"/> YES: I am reimbursed for expenses <input type="checkbox"/> NO: I am not reimbursed for expenses		Does employer pay any of your lobbying expenses directly? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain which ones. Educational expenses: lodging: air travel	
7. How long do you expect to lobby for this organization? <input type="checkbox"/> Permanent lobbyist <input type="checkbox"/> Only during legislative session <input checked="" type="checkbox"/> Other, explain: Intermittently, as issues arise			
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 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 the purchase of tickets to fund raising events? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, name of committee:			
10. If lobbyist is a company, partnership or similar business entity which employs others to perform actual lobbying duties, list the name of each person who will lobby. (See WAC 390-20-143 & 144 for instructions.) N/A			
11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with the following subjects:		Remarks	
<input type="checkbox"/> Agriculture <input type="checkbox"/> Business and consumer affairs <input type="checkbox"/> Constitutions and elections <input type="checkbox"/> Education <input type="checkbox"/> Energy and utilities <input type="checkbox"/> Environmental affairs - natural resources - parks <input type="checkbox"/> Financial institutions and insurance <input type="checkbox"/> Fiscal <input type="checkbox"/> Health Care If other, specify		<input type="checkbox"/> Higher education <input type="checkbox"/> Human services <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Law and justice <input checked="" type="checkbox"/> Local government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Technology <input type="checkbox"/> Transportation <input type="checkbox"/> Other	
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 x <i>William Maurer</i>		Date Aug 17, 2016	
		Employer's Signature / name typed or printed, and title x <i>John Stam Anderson EXEC V.P.</i>	
		Date 8/18/16	
NOT VALID UNLESS SIGNED BY YOUR EMPLOYER			