



LOBBYIST REGISTRATION

THIS SPACE FOR OFFICE USE
L1
 DATE FILED PDC
 FEB 26 2015
 (12/03)

1. Lobbyist Name
Washington State Nurses Association

Permanent Business Address
575 Andover Park W #101

City: **Seattle** State: **WA** Zip: **98188**

Business Telephone Numbers
 Permanent (206) **575-7979**
 Temporary ()
 Cell Phone ()
 or Pager

E-Mail Address
mreed@wsna.org

2. Temporary Thurston County address during legislative session

3. Employer's name and address (person or group for which you lobby)
ARNPs United of Washington State
10024 SE 240th St #230 Kent, WA 98031

Employer's occupation, business or description of purpose of organization
Non-profit 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 annual L3 report)
Robert T. Smithing
10024 SE 240th St #230 Kent, WA 98031

E-Mail Address
au@auws.org

5. What is your pay (compensation) for lobbying?
 \$ 300 per month (hour, day, month, year)
 Other: Explain:

Description of employment (check one or more boxes)
 Full time employee
 Part time or temporary employee
 Contractor, retainer or similar agreement
 Unsalaried officer or member of group
 Sole duty is lobbying
 Lobbying is only a part of other duties

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 similar organization which lobbies on behalf of its members? If "yes," attach a list showing the name and address of each member who has paid the association 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 has paid, pays, or is expected to pay over \$500.
 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 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.)
~~Sofia Aragon, Melissa Johnson, Anne Tan Piazza, Alex Hurr, Christian Dube~~

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"/>	Human services
03 <input type="checkbox"/>	Constitutions and elections	11 <input type="checkbox"/>	Labor
04 <input type="checkbox"/>	Education	12 <input type="checkbox"/>	Law and justice
05 <input type="checkbox"/>	Energy and utilities	13 <input type="checkbox"/>	Local government
08 <input type="checkbox"/>	Environmental affairs - natural resources - parks	14 <input type="checkbox"/>	State government
07 <input type="checkbox"/>	Financial Institutions and Insurance	15 <input type="checkbox"/>	Transportation
08 <input type="checkbox"/>	Fiscal	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: DATE: **1-27-15**

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE: DATE: **1/22/15**
Robert T. Smithing
Exec Director

BOTH NOT VALID UNLESS SIGNED BY