

# LOBBYIST REGISTRATION

**THIS SPACE FOR OFFICE USE**  
**DATE FILED PDC**  
**L1**  
**(12/03)**  
**JAN 03 2017**

1. Lobbyist Name  
**Capitol Solutions**

Permanent Business Address  
**4101 Banbridge Loop SE**

City: **Olympia** State: **WA** Zip: **98501**

Business Telephone Numbers  
 Permanent ( )  
 Temporary ( )  
 Cell Phone (360) **600-8306**  
 or Pager

E-Mail Address  
**marciafromhold@comcast.net**

2. Temporary Thurston County address during legislative session

3. Employer's name and address (person or group for which you lobby)  
~~Washington Association for Pupil Transportation  
 c/o Oak Harbor School District, 200 SE Midway Blvd., Oak Harbor, WA 98277~~  
**Francis Bagarella  
 c/o Oak Harbor School District, 200 SE Midway Blvd. Oak Harbor, WA 92877**

E-Mail Address

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)

~~Cindy Steigerwald  
 c/o Mukilteo School District, 410 Sharon Drive, Everett, WA 98204~~

**Francis Bagarella  
 c/o Oak Harbor School District, 200 SE Midway Blvd. Oak Harbor, WA 92877**

5. What is your pay (compensation) for lobbying?  
 \$ 650 per month (hour, day, month, year)  
 Other: Explain:

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.

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

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.)  
**Marcia Fromhold**

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"/> Higher education
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 checked="" type="checkbox"/> Education	12 <input type="checkbox"/> Law and justice
05 <input type="checkbox"/> Energy and utilities	13 <input type="checkbox"/> Local government
06 <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	16 <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: *Marcia Fromhold* DATE: *12/1/16*

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE: *F. Bagarella* President DATE: *1/3/17*