

LOBBYIST REGISTRATION

THIS SPACE FOR OFFICE USE

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DATE FILED PDC
JAN 06 2017

(1/14)

1. Lobbyist Name
Pierce Consulting Services, LLC

Permanent Business Address
PO Box 4410

Business Telephone Numbers
 Permanent (360) 870-2729
 Temporary ()
 Cell Phone ()
 or Pager

City State Zip
Olympia WA 98501

2. Temporary Thurston County address during legislative session

E-Mail Address
cindi@cindiholmstrom.com

3. Employer's name and address (person or group for which you lobby)
Vulcan Inc.
505-5th Ave South, Suite 900
Seattle, WA 98104

Employer's occupation, business or description of purpose of organization
Lobbying Firm

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.)
Barb Wilson, 505 5th Ave South, Suite 900, Seattle, WA 98104

E-Mail Address
barbw@vulcan.com

5. What is your pay (compensation) for lobbying?
\$ 4,000 per month
 (hour, day, month, year)
 Other: Explain:

Description of employment (check one or more boxes)

<input type="checkbox"/> Full time employee	<input type="checkbox"/> Sole duty is lobbying
<input type="checkbox"/> Part time or temporary employee	<input checked="" type="checkbox"/> Lobbying is only a part of other duties
<input checked="" type="checkbox"/> Contractor, retainer or similar agreement	
<input type="checkbox"/> 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

No

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 (excluding individuals) who has paid 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 or funder has paid, pays, or is expected to pay over \$500.

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.)

Cindi Holmstrom

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 <input type="checkbox"/>	Human services
04 <input checked="" type="checkbox"/>	Education	12 <input type="checkbox"/>	Labor
05 <input checked="" type="checkbox"/>	Energy and utilities	13 <input type="checkbox"/>	Law and justice
06 <input 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 <input type="checkbox"/>	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 DATE
Cindi Holmstrom 1-6-17

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE DATE
Barb Wilson 1-6-2017
Barb Wilson, Govt Affairs Officer