



PUBLIC DISCLOSURE COMMISSION
 711 CAPITOL WAY RM 206
 PO BOX 40908
 OLYMPIA WA 98504-0908
 (360) 753-1111
 TOLL FREE 1-877-601-2828

LOBBYIST REGISTRATION

THIS SPACE FOR OFFICE USE
DATE FILED PDC
 L1
 (12/03)
 JAN 09 2017

1. Lobbyist Name Steve Duncan (Duncan & Associates)			Business Telephone Numbers Permanent (206) 283 4697 Temporary () Cell Phone () or Pager	
Permanent Business Address 2621 Second Ave Ste 1804			E-Mail Address Steve@Duncanlabs.com	
City Seattle	State WA	Zip 98121	Employer's occupation, business or description of purpose of organization Business	
2. Temporary Thurston County address during legislative session				
3. Employer's name and address (person or group for which you lobby) MasterCard Worldwide, Patrick Dwyer V P U.S. State Government Affairs 2000 Purchase Street Purchase, New York 10577				

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) Line 3			E-Mail Address Patrick.Dwyer@mastercard.com	
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5. What is your pay (compensation) for lobbying? \$ <u>5833.00</u> per <u>Month</u> (hour, day, month, year) Other: Explain:		Description of employment (check one or more boxes) <input type="checkbox"/> Full time employee <input type="checkbox"/> Part time or temporary employee <input checked="" type="checkbox"/> Contractor, retainer or similar agreement <input type="checkbox"/> Unsalariated officer or member of group <input type="checkbox"/> Sole duty is lobbying <input type="checkbox"/> Lobbying is only a part of other duties		
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6. Are you reimbursed for lobbying 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? If yes, explain which ones. No		
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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.)
Steve Duncan

11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:				Remarks:	
01 <input type="checkbox"/> Agriculture	02 <input checked="" type="checkbox"/> Business and consumer affairs	03 <input type="checkbox"/> Constitutions and elections	04 <input type="checkbox"/> Education	05 <input type="checkbox"/> Energy and utilities	06 <input type="checkbox"/> Environmental affairs - natural resources - parks
07 <input type="checkbox"/> Financial institutions and insurance	08 <input type="checkbox"/> Fiscal	09 <input type="checkbox"/> Higher education	10 <input type="checkbox"/> Human services	11 <input type="checkbox"/> Labor	12 <input type="checkbox"/> Law and justice
		13 <input type="checkbox"/> Local government	14 <input type="checkbox"/> State government	15 <input type="checkbox"/> Transportation	16 <input type="checkbox"/> Other - Specify:

12. LOBBYIST'S SIGNATURE 		DATE 1-7-17		EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described in this registration statement. 	
				EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE Patrick Dwyer VP	
				DATE 1/12/18	

NOT VALID UNLESS SIGNED BY BOTH