

LOBBYIST REGISTRATION

L1
(12/14)

THIS SPACE FOR OFFICE USE
DATE FILED PDC
NOV 07 2016

1. Lobbyist Name
Morgan Hickel

Permanent Business Address
510 Plum Street
 City State Zip
Olympia WA 98501

Business Telephone Numbers
 Permanent (360) 956- 7279
 Temporary ()
 Cell Phone (253) 508- 3531
 or Pager

2. Temporary Thurston County address during legislative session
N/A

E-Mail Address
MorganH@WAhospitality.org

3. Employer's name and address (person or group for which you lobby)
Washington Hospitality Association
510 Plum Street
Olympia, WA 98501

Employer's occupation, business or description of purpose of organization
Restaurant and Lodging Industry Association

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.)
Teran Petrina
510 Plum Street
Olympia, WA 98501

E-Mail Address
teranp@WAhospitality.org

5. What is your pay (compensation) for lobbying?
 \$ 2500 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
 Unsalariied 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.
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 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.
 No
 , es. See L1 Registration for Julia Gorton
 , es. However, no member or funder has paid, pays, or is expected to pay over \$1,450.

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
 , es. Name of the committee is: **Washington Hospitality Association Political Action Committee, Seattle Hospitality PAC**

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.)
Bruce Beckett, Denny Eliason, Kim Clauson, Marian Ericks, Julia Gorton

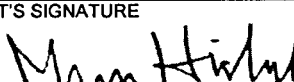
11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:

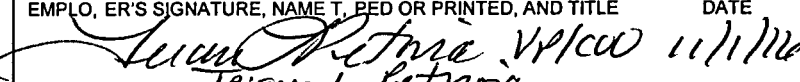
01 <input type="checkbox"/> Agriculture	09 <input type="checkbox"/> Health Care
02 <input checked="" type="checkbox"/> Business and consumer affairs	10 <input type="checkbox"/> Higher education
03 <input type="checkbox"/> Constitutions and elections	11 <input type="checkbox"/> Human services
04 <input type="checkbox"/> Education	12 <input checked="" type="checkbox"/> Labor
05 <input type="checkbox"/> Energy and utilities	13 <input type="checkbox"/> Law and justice
06 <input type="checkbox"/> Environmental affairs - natural resources - parks	14 <input type="checkbox"/> Local government
07 <input type="checkbox"/> Financial institutions and insurance	15 <input type="checkbox"/> State government
08 <input checked="" type="checkbox"/> Fiscal	16 <input type="checkbox"/> Technology
	17 <input 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
10-17-16

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE

Teran Petrina VP/COO
 DATE
11/1/16