

1. Lobbyist Name  
**ENGAGE STRATEGIES - CRAIG ENGLISH**

Permanent Business Address <b>6035 25th AVE SW</b>	Business Telephone Numbers Permanent <b>360, 861-7781</b> Temporary ( )
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City <b>OLYMPIA</b>	State <b>WA</b>	Zip <b>98512</b>	Cell Phone ( ) or Pager
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2. Temporary Thurston County address during legislative session <b>N/A</b>	E-Mail Address <b>craig.english@gmail.com</b>
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3. Employer's name and address (person or group for which you lobby) <b>ISLANDWOOD</b> <b>4450 Blakely AVE, BAINBRIDGE IS 98110</b>	Employer's occupation, business or description of purpose of organization <b>NON-PROFIT EDUCATION</b>
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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.) <b>MARTIN LEBLANC - SAME</b>	E-Mail Address <b>martin@islandwood.org</b>
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5. What is your pay (compensation) for lobbying? \$ <b>2000</b> per <b>MO</b> <small>(hour, day, month, year)</small> Other: Explain:	Description of employment (check one or more boxes) <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Full time employee</td> <td><input type="checkbox"/> Sole duty is lobbying</td> </tr> <tr> <td><input type="checkbox"/> Part time or temporary employee</td> <td><input checked="" type="checkbox"/> Lobbying is only a part of other duties</td> </tr> <tr> <td><input checked="" type="checkbox"/> Contractor, retainer or similar agreement</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Unsalariated officer or member of group</td> <td></td> </tr> </table>	<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	
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6. Are you reimbursed for lobbying expenses? Explain which expenses. <input type="checkbox"/> Yes: \$ _____ per _____ <input type="checkbox"/> Yes: I am reimbursed for expenses. <input checked="" type="checkbox"/> No: I am not reimbursed for expenses.	Does employer pay any of your lobbying expenses directly? If yes, explain which ones.
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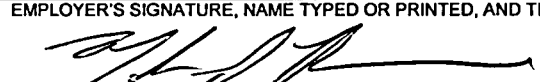
7. How long do you expect to lobby for this organization?  
 Permanent lobbyist     
 Only during legislative session     
 Other, Explain:

8. Is your employer a business or trade association or 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     
 Yes. However, no member or funder has paid, pays, or is expected to pay over \$1,450.  
 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.)  
**CRAIG ENGLISH**

11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects: <table style="width:100%; border: none;"> <tr> <td style="width:50%;">           CODE SUBJECT            01 <input type="checkbox"/> Agriculture            02 <input type="checkbox"/> Business and consumer affairs            03 <input type="checkbox"/> Constitutions and elections            04 <input checked="" type="checkbox"/> Education            05 <input type="checkbox"/> Energy and utilities            06 <input checked="" type="checkbox"/> Environmental affairs - natural resources - parks            07 <input type="checkbox"/> Financial institutions and insurance            08 <input type="checkbox"/> Fiscal         </td> <td style="width:50%;">           CODE SUBJECT            09 <input type="checkbox"/> Health Care            10 <input type="checkbox"/> Higher education            11 <input type="checkbox"/> Human services            12 <input type="checkbox"/> Labor            13 <input type="checkbox"/> Law and justice            14 <input type="checkbox"/> Local government            15 <input type="checkbox"/> State government            16 <input type="checkbox"/> Technology            17 <input type="checkbox"/> Transportation            18 <input type="checkbox"/> Other - Specify:         </td> </tr> </table>	CODE SUBJECT 01 <input type="checkbox"/> Agriculture 02 <input type="checkbox"/> Business and consumer affairs 03 <input type="checkbox"/> Constitutions and elections 04 <input checked="" type="checkbox"/> Education 05 <input type="checkbox"/> Energy and utilities 06 <input checked="" type="checkbox"/> Environmental affairs - natural resources - parks 07 <input type="checkbox"/> Financial institutions and insurance 08 <input type="checkbox"/> Fiscal	CODE SUBJECT 09 <input type="checkbox"/> Health Care 10 <input type="checkbox"/> Higher education 11 <input type="checkbox"/> Human services 12 <input type="checkbox"/> Labor 13 <input type="checkbox"/> Law and justice 14 <input type="checkbox"/> Local government 15 <input type="checkbox"/> State government 16 <input type="checkbox"/> Technology 17 <input type="checkbox"/> Transportation 18 <input type="checkbox"/> Other - Specify:	Remarks:
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<b>CERTIFICATION:</b> I hereby certify that the above is a true, complete and correct statement.	<b>EMPLOYER'S AUTHORIZATION:</b> Confirming the employment authority to lobby described in this registration statement.
12. LOBBYIST'S SIGNATURE  DATE	EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE  DATE