



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
L1
 (12/03)
DATE FILED PDC
JAN 11 2017

1. Lobbyist Name
Alliances Northwest – Denny Eliason and Kim Clauson

Permanent Business Address
3322 – 164th St. S.W.

City State Zip
Lynnwood WA 98087

Business Telephone Numbers
 Permanent ()
 Temporary ()
 Cell Phone (206) **650-4364**
 or Pager
 E-Mail Address
eliason@alliancesnw.com

2. Temporary Thurston County address during legislative session

3. Employer's name and address (person or group for which you lobby)
**Delta Dental of Washington (Formerly WDS)
 P.O. Box 75688, Seattle, WA 98125**

Employer's occupation, business or description of purpose of organization
Dental Benefits Provider

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)

**Sean Pickard
 P.O. Box 75688, Seattle, WA 98125**

E-Mail Address
spickard@deltadentalwa.com

5. What is your pay (compensation) for lobbying?
 \$ 9,075.00 per Month X
 (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
 Unsalaries 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.

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.)
Denny Eliason and Kim Clauson

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 X	Higher education
02 X	Business and consumer affairs	10 X	Human services
03 <input type="checkbox"/>	Constitutions and elections	11 X	Labor
04 X	Education	12 X	Law and Justice
05 <input type="checkbox"/>	Energy and utilities	13 X	Local government
06 X	Environmental affairs - natural resources - parks	14 X	State government
07 X	Financial Institutions and Insurance	15 <input type="checkbox"/>	Transportation
08 X	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

Denny D. Eliason

DATE
1/9/17

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

Denny D. Eliason
Director, Gov. Relations

DATE
1/4/17

NOT VALID UNLESS SIGNED BY BOTH