PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-4111 TOLL FREE 1-877-601-2929	LOBBYIST I	REGISTRATION	L1	DATE FILED PDC
1. Lobbyist Name RENE MURRY			JAN 09 2017	
9chool's Out Washington 23 ²⁰ Ave S. Guite A			elephone Numbers (206) 336 - 6913 ()	
GEATTLE 2. Temporary Thurston County address during legislative se	State WA	98144	Cell Phone or Pager	
Temporary Thurston County address during legislative session A Employer's name and address (person or group for which you lobby)				urry@ydekc.org
SCHOOLS OUT WASHINGTON 2320 AUE 5 SUITE A SEATTLE, WA 98144-			Quali-	ly development and including for out of school to
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.) Paul O BEARD				rd Cachoolsout
(nour, day, month, year) Other: Explain:		Description of employment (check one Full time employee Part time or temporary employee Contractor, retainer or similar agree Unsalaried officer or member of gree	ement	Sole duty is lobbying Lobbying is only a part of other duties
Yes: \$		Does employer pay any of your lobbying expenses directly? If yes, explain which ones. Travel		
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 lobbles on behalf of its members or a representative entity which lobbles 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. 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.) David Buard				
01	SUBJECT Health Care Higher education Human services Labor Law and justice Local government State government Technology Transportation Other - Specify:	Remarks:		
CERTIFICATION: I hereby certify that the above is a true, complete and correct		EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described		

in this registration statement.

statement.

NOT VALID UNLESS SIGNED BY BOTH

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