

LOBBYIST REGISTRATION

THIS SPACE FOR OFFICE USE
L1 DATE FILED PDC
 (12/14)
JAN 09 2017

1. Lobbyist Name
Seth Dawson

Business Telephone Numbers
 Permanent (425) 347-0322
 Temporary (360) 754-3290
 Cell Phone (NA)
 or Pager

Permanent Business Address
9114 45th PL W

E-Mail Address
Sethdawson@att.net

City State Zip
Mukilteo WA 98275

2. Temporary Thurston County address during legislative session
NA

Employer's occupation, business or description of purpose of organization
Nonprofit, grassroots behavioral health organization

3. Employer's name and address (person or group for which you lobby)
NAMI Washington
7500 Greenwood Avenue N., Seattle WA 98103

E-Mail Address
L.simonds@namiwa.org

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.)
Lauren Simonds, NAMI Washington, 7500 Greenwood Ave N., Seattle Wa 98103

5. What is your pay (compensation) for lobbying?
 \$ 10,000 per year
 (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
 Unsalariated 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? **No**
 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 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.)
NA


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

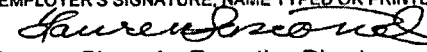
01 <input type="checkbox"/> Agriculture	09X <input type="checkbox"/> Health Care
02 <input type="checkbox"/> Business and consumer affairs	10 <input type="checkbox"/> Higher education
03 <input type="checkbox"/> Constitutions and elections	11X <input type="checkbox"/> Human services
04 <input type="checkbox"/> Education	12 <input type="checkbox"/> Labor
05 <input type="checkbox"/> Energy and utilities	13X <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
08X <input 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
1-9-17

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

Lauren Simonds, Executive Director
 DATE
01.03.17