



**LOBBYIST REGISTRATION**

**L1**  
(12/14)

THIS SPACE FOR OFFICE USE  
**DATE FILED PDC**  
**JAN 09 2017**

1. Lobbyist Name <b>Seth Dawson</b>		Business Telephone Numbers Permanent (425) 347 0322 Temporary (360) 754 3290 Cell Phone ( ) NA or Pager	
Permanent Business Address <b>9114 45th PL W</b>		E-Mail Address <b>sethdawson@att.net</b>	
City <b>Mukilteo</b>	State <b>WA</b>	Zip <b>98271</b>	
2. Temporary Thurston County address during legislative session <b>NA</b>		Employer's occupation, business or description of purpose of organization <b>The Washington State Community Action Partnership (WSCAP) is a network of 30 agencies serving low-income families &amp; individuals in all 39 counties in WA.</b>	
3. Employer's name and address (person or group for which you lobby) <b>Washington State Community Action Agency PO BOX 7130 Olympia, WA 98502</b>		E-Mail Address <b>mmount@wapartnership.org</b>	
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>Merritt Mount</b>			
5. What is your pay (compensation) for lobbying? <b>\$ 32,000 per year</b> (hour, d/y, month, year) Other: Explain		Description of employment (check one or more boxes) <input type="checkbox"/> Full time employee <input type="checkbox"/> Part time or temporary employee <input type="checkbox"/> Contractor, retainer or similar agreement <input type="checkbox"/> Unsalariated officer or member of group <input type="checkbox"/> Sole duty is lobbying <input type="checkbox"/> Lobbying is only a part of other duties	
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. <b>NO</b>	
7. How long do you expect to lobby for this organization? <input checked="" type="checkbox"/> Permanent lobbyist <input type="checkbox"/> Only during legislative session <input type="checkbox"/> 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. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. However, no member or funder has paid, pays or is expected to pay over \$1,450 <input type="checkbox"/> 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. <input checked="" type="checkbox"/> No <input type="checkbox"/> 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) <b>NA</b>			
11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:		Remarks:	
CODE SUBJECT 01 <input type="checkbox"/> Agriculture 02 <input type="checkbox"/> Business and consumer affairs 03 <input type="checkbox"/> Constitutions and elections 04 <input type="checkbox"/> Education 05 <input type="checkbox"/> Energy and utilities 06 <input type="checkbox"/> Environmental affairs - natural resources - parks 07 <input type="checkbox"/> Financial institutions and insurance 08 <input checked="" type="checkbox"/> Fiscal	CODE SUBJECT 09 <input type="checkbox"/> Health Care 10 <input type="checkbox"/> Higher education 11 <input checked="" 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		
<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 <b>1-9-17</b>	EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE  <b>MERRITT MOUNT, EX. DIR. WSCAP</b>
			DATE <b>1/3/17</b>