PUBLICDISCLOSURE COMMISSION				T	Add SHALE EROP DEUSE
PO E OLY (380)	CAPITOL WAY RM 206 IOX 40908 MPIA WA 98504-0908 753-1111 FREE 1-877-601-2929	LOBBYIST	REGISTRATION	L1 (12/14)	JAN 13 2017
1. Lobbyist Name	- Jehn	300			
Permanent By Address	erman s	Sr gw	1 # 219	Business Tell Permanent (ephone Numbers
01~ 186	30)			Temporary () _ , _ ,
State OSS				Cell Phone (or Pager	V,360,888. 8767
Temporally Thurston County address during legislative session				E-Mail Address	illiance thurston whithy harl. Corg
1 72 (2 0 12 10)	ance of	th weren	County	Employer's or purpose of on	ccupation, business or description of ganization
308011a	Judia ,1	W 48201	WWW	Mary Hot a	
4. Name and address of person having custody of accounts, receipts, books or other d lobbyist reports. (Person responsible for producing the lobbyist employer's annual L			-3 report)		alliance thurston
5. What is your pay (compensation	on) for lobbying?		Description of employment (check one		
(hou	ir, day, month, year)		☐ Full time employee ☐ Part time or temporary employee		☐ Sole duty is lobbying ☐ Lobbying is only a part
Other: Explain:			Contractor, retainer or similar agree Unsalaried officer or member of gro		of other duties
Are you reimbursed for lobbying expenses? Explain which expenses.			Does employer pay any of your lobbying if yes, explain which ones.	expenses direc	tty?
Yes: \$	or expenses.		No		
7. How long do you expect to lobby for this organization? □ Permanent lobbylst □ Only during legislative session □ Other, Explain: White April 18 Company of the Company o					
Permanent lobbylst					
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.					
Mo ☐ 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.					
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.)	·			•	
11. Areas of interest. Lobbying is most frequent before legislative committee members Remarks:					
or state agencies concerned with fol	lowing subjects:		Remarks:		
CODE SUBJECT 01 Agriculture 02 Business and consume		SUBJECT Health Care Higher education			
03 Constitutions and elect	ions 11 🔲 H	fuman services abor			
05 Energy and utilities 06 Environmental affairs -	natural 14 🔲 L	aw and justice ocal government			
resources - parks 07 Financial institutions ar insurance	nd 16 🔲 T	State government Technology Transportation			
08 Fiscal		Other - Specify:			
CERTIFICATION: I hereby cert statement.	tify that the above is a true,		EMPLOYER'S AUTHORIZATION: On this registration statement.		
12. LOBBYIST'S SIGNATURE	hon, ho	13/17	EMPLOYER'S SIGNATURE, NAME TO PIRCLO AMILANIC Chair	- 40Th	instor muth this
PDC Form L-1 (rev. 12/14)				NOT VAL	ID UNLESS SIGNED BY BOTH