



# LOBBYIST REGISTRATION

**L1**  
(12/14)

THIS SPACE FOR OFFICE USE  
**DATE FILED PDC**  
**JAN 12 2017**

1. Lobbyist Name <b>Strategies 360, Inc.</b>																									
Permanent Business Address <b>1505 Westlake Ave N Ste 1000</b>		Business Telephone Numbers Permanent ( 206 ) 282-1990 Temporary ( )																							
City <b>Seattle</b>	State <b>WA</b>	Zip <b>98109</b>	Cell Phone ( ) or Pager																						
2. Temporary Thurston County address during legislative session <b>1018 Capitol Way S, Olympia, WA 98501</b>		E-Mail Address <b>ajd@strategies360.com</b>																							
3. Employer's name and address (person or group for which you lobby) <b>Zenefits 303 Second Street North Tower, Suite 401 San Francisco, CA 94107</b>		Employer's occupation, business or description of purpose of organization <b>HR Software Company</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>Chris Massey 303 Second Street North Tower, Suite 401 San Francisco, CA 94107</b>		E-Mail Address <b><u>cmassey@zenefits.com</u></b>																							
5. What is your pay (compensation) for lobbying? <b>\$ 4,500 per month (hour, day, month, year)</b> 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 checked="" type="checkbox"/> Contractor, retainer or similar agreement <input type="checkbox"/> Unsalalaried officer or member of group <input type="checkbox"/> Sole duty is lobbying <input checked="" 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 checked="" type="checkbox"/> Yes: I am reimbursed for expenses. <input 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 checked="" type="checkbox"/> No <input 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>Paul Berendt &amp; AJ Dotzauer</b>																									
11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects: <table border="0"> <tr> <td>CODE SUBJECT</td> <td>CODE SUBJECT</td> </tr> <tr> <td>01 <input type="checkbox"/> Agriculture</td> <td>09 <input type="checkbox"/> Health Care</td> </tr> <tr> <td>02 <input type="checkbox"/> Business and consumer affairs</td> <td>10 <input type="checkbox"/> Higher education</td> </tr> <tr> <td>03 <input type="checkbox"/> Constitutions and elections</td> <td>11 <input type="checkbox"/> Human services</td> </tr> <tr> <td>04 <input type="checkbox"/> Education</td> <td>12 <input type="checkbox"/> Labor</td> </tr> <tr> <td>05 <input type="checkbox"/> Energy and utilities</td> <td>13 <input type="checkbox"/> Law and justice</td> </tr> <tr> <td>06 <input type="checkbox"/> Environmental affairs - natural resources - parks</td> <td>14 <input type="checkbox"/> Local government</td> </tr> <tr> <td>07 <input checked="" type="checkbox"/> Financial Institutions and Insurance</td> <td>15 <input type="checkbox"/> State government</td> </tr> <tr> <td>08 <input type="checkbox"/> Fiscal</td> <td>16 <input checked="" type="checkbox"/> Technology</td> </tr> <tr> <td></td> <td>17 <input type="checkbox"/> Transportation</td> </tr> <tr> <td></td> <td>18 <input type="checkbox"/> Other - Specify:</td> </tr> </table>		CODE SUBJECT	CODE SUBJECT	01 <input type="checkbox"/> Agriculture	09 <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	11 <input type="checkbox"/> Human services	04 <input type="checkbox"/> Education	12 <input type="checkbox"/> Labor	05 <input type="checkbox"/> Energy and utilities	13 <input type="checkbox"/> Law and justice	06 <input type="checkbox"/> Environmental affairs - natural resources - parks	14 <input type="checkbox"/> Local government	07 <input checked="" type="checkbox"/> Financial Institutions and Insurance	15 <input type="checkbox"/> State government	08 <input type="checkbox"/> Fiscal	16 <input checked="" type="checkbox"/> Technology		17 <input type="checkbox"/> Transportation		18 <input type="checkbox"/> Other - Specify:	Remarks:	
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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 		EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE <b>Chris Massey</b>																							
DATE <b>1-10-17</b>		DATE <b>1/10/17</b>																							