

**LOBBYIST REGISTRATION**

**DATE FILED PDC**  
**THIS SPACE FOR OFFICE USE**

**L1**

(12/03)

**JAN 16 2017**

1. Lobbyist Name  
**Scott Cave**

Permanent Business Address  
**5137 Hilton Lane, N.E.**

City **Olympia** State **WA** Zip **98516**

Business Telephone Numbers  
 Permanent ( 360 ) **789-2772**  
 Temporary ( )  
 Cell Phone ( )  
 or Pager

E-Mail Address  
**sccomm@sosmail.us**

2. Temporary Thurston County address during legislative session

Employer's occupation, business or description of purpose of organization  
**Municipal government**

3. Employer's name and address (person or group for which you lobby)  
**City of Quincy**  
**Quincy, WA 98848**

E-Mail Address  
**nschanze@quincywashington.us**

4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports. (Person responsible for producing the annual L3 report)  
**Nancy Schanze**  
**115 1st Avenue SW, Quincy WA 98848**

E-Mail Address  
**nschanze@quincywashington.us**

5. What is your pay (compensation) for lobbying?  
 \$ 90 per hour (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  
 Unsalared 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? If yes, explain which ones.  
**Photocopies, parking, phone calls, mileage.**

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 similar organization which lobbies on behalf of its members? If "yes," attach a list showing the name and address of each member who has paid the association fees, dues or other payments over \$500 during either of the past two years or is expected to pay over \$500 this year.  
 No  
 Yes. However, no member has paid, pays, or is expected to pay over \$500.

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.)

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

CODE	SUBJECT	CODE	SUBJECT
01	<input checked="" type="checkbox"/> Agriculture	09	<input type="checkbox"/> Higher education
02	<input type="checkbox"/> Business and consumer affairs	10	<input type="checkbox"/> Human services
03	<input type="checkbox"/> Constitutions and elections	11	<input type="checkbox"/> Labor
04	<input type="checkbox"/> Education	12	<input type="checkbox"/> Law and justice
05	<input checked="" type="checkbox"/> Energy and utilities	13	<input checked="" type="checkbox"/> Local government
06	<input checked="" type="checkbox"/> Environmental affairs - natural resources - parks	14	<input type="checkbox"/> State government
07	<input type="checkbox"/> Financial institutions and insurance	15	<input checked="" type="checkbox"/> Transportation
08	<input checked="" type="checkbox"/> Fiscal	16	<input checked="" type="checkbox"/> Other - Specify: Water resources

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 **Scott A Cave** DATE **12/30/2016**

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE **Tim Snead, Administrator** DATE

**NOT VALID UNLESS SIGNED BY BOTH**