



# LOBBYIST REGISTRATION

**L1**  
(12/14)

THIS SPACE FOR OFFICE USE  
**DATE FILED PDC**  
**JAN 19 2017**

<b>1. Lobbyist Name</b> Abby Moore		<b>Permanent Business Address</b> 407 5 <sup>th</sup> Ave West		<b>Business Telephone Numbers</b> Permanent (    ) Temporary (    )																																															
<b>City</b> Kirkland, WA		<b>State</b> WA		<b>Zip</b> 98033																																															
<b>2. Temporary Thurston County address during legislative session</b>		<b>E-Mail Address</b> Abby@AbbyMoorePA.com																																																	
<b>3. Employer's name and address (person or group for which you lobby)</b> Generic Pharmaceutical Association 777 6 <sup>th</sup> St, NW Suite 510 Washington, D.C.		<b>Employer's occupation, business or description of purpose of organization</b> Generic Pharma representation																																																	
<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> Brynna Clark (same address as above)		<b>E-Mail Address</b> BClark@gphaonline.org																																																	
<b>5. What is your pay (compensation) for lobbying?</b> \$ 4,250__ per __Month_____ (hour, day, month, year) Other: Explain:		<b>Description of employment (check one or more boxes)</b> <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 checked="" type="checkbox"/> Sole duty is lobbying <input type="checkbox"/> Lobbying is only a part of other duties																																																	
<b>6. Are you reimbursed for lobbying expenses? Explain which expenses.</b> <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.		<b>Does employer pay any of your lobbying expenses directly? If yes, explain which ones.</b>																																																	
<b>7. How long do you expect to lobby for this organization?</b> <input checked="" type="checkbox"/> Permanent lobbyist <input type="checkbox"/> Only during legislative session <input type="checkbox"/> Other, Explain:																																																			
<b>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.</b> <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																																																			
<b>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.</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Name of the committee is:																																																			
<b>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>																																																			
<b>11. Areas of Interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:</b>				<b>Remarks:</b>																																															
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<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.																																															
<b>12. LOBBYIST'S SIGNATURE</b> Abby Moore		<b>DATE</b> 1/19/17		<b>EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE</b> Brynna M. Clark Sr. Director of State Affairs																																															
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