

LOBBYIST REGISTRATION

L1
(12/14)

THIS SPACE FOR OFFICE USE
MAR 02 2017

1. Lobbyist Name
Lawrence W. STEVENS

Permanent Business Address
9715-77th ST. S.W.

Business Telephone Numbers
 Permanent (253) 507-7141
 Temporary ()

City **Lakewood, WA** State **WA** Zip **98498**

Cell Phone (253) 380-2354
 or Pager

2. Temporary Thurston County address during legislative session
N/A

E-Mail Address
stevenslawoffice@woodb.or

3. Employer's name and address (person or group for which you lobby)
**UNITED SUBCONTRACTORS ASS'N
 9715-77th ST. SW, Lakewood, WA 98498**

Employer's occupation, business or description of purpose of organization
BUSINESS TRADE ASSOC.

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.)
Lawrence W. STEVENS (same as above)

E-Mail Address
(Same as above)

5. What is your pay (compensation) for lobbying?
 \$ **0** per _____
 (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
 Unsalariated 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.
NO

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 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.
 No
 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.
 No
 Yes. Name of the committee is: **UNITED SUBCONTRACTORS ASS'N**

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.)
N/A

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 type="checkbox"/> Agriculture | 09 | <input type="checkbox"/> Health Care |
| 02 | <input checked="" 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 checked="" 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 type="checkbox"/> Financial institutions and insurance | 15 | <input checked="" type="checkbox"/> State government |
| 08 | <input type="checkbox"/> Fiscal | 16 | <input type="checkbox"/> Technology |
| | | 17 | <input type="checkbox"/> Transportation |
| | | 18 | <input type="checkbox"/> Other - Specify: |

Remarks:

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement.
 12. LOBBYIST'S SIGNATURE **[Signature]** DATE _____

EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described in this registration statement.
 EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE _____ DATE _____