



PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828

LOBBYIST REGISTRATION

L1

(12/03)

THIS SPACE FOR OFFICE USE
DATE FILED PDC

DEC 30 2017

1. Lobbyist Name
McBride Public Affairs LLC

Business Telephone Numbers
 Permanent (360) **481-1824**
 Temporary ()

Permanent Business Address
3300 Oldstead Ct SE

Cell Phone (360) **481-1824**
 or Pager

City **Olympia** State **WA** Zip **98501**

E-Mail Address
tmcbride@mcbridepa.com

2. Temporary Thurston County address during legislative session

Employer's occupation, business or description of purpose of organization

3. Employer's name and address (person or group for which you lobby)
Shawn D. Myers, Washington State Assistant Treasurer
416 Sid Snyder Ave. SW, 2nd Floor, Room 230, Olympia WA 98504-0200

State finance matters

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)
Shawn D. Myers, Washington State Assistant Treasurer
416 Sid Snyder Ave. SW, 2nd Floor, Room 230
Olympia WA 98504-0200

E-Mail Address
shawn.myers@tre.wa.gov

5. What is your pay (compensation) for lobbying?
 \$ **6,000** per month
 (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 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. The list is attached
 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.)
Tom McBride

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"/>	Higher education
02 <input checked="" 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 type="checkbox"/>	Energy and utilities	13 <input checked="" type="checkbox"/>	Local government
06 <input type="checkbox"/>	Environmental affairs - natural resources - parks	14 <input checked="" type="checkbox"/>	State government
07 <input checked="" type="checkbox"/>	Financial institutions and insurance	15 <input type="checkbox"/>	Transportation
08 <input checked="" type="checkbox"/>	Fiscal	16 <input type="checkbox"/>	Other - Specify:

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

 DATE
1/3/17

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE

Shawn D. Myers, Washington State Assistant Treasurer
 DATE
1/2/17

NOT VALID UNLESS SIGNED BY BOTH