



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
OCT 02 2018

1. Lobbyist Name
Jim Justin Government Relations Consulting INC

Permanent Business Address
1501 Capitol Way South, Ste 203

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

Business Telephone Numbers
 Permanent (360) 870-2618
 Temporary ()
 Cell Phone (360) 870-2618 or Pager
 E-Mail Address
jim@jimjustingov.com

2. Temporary Thurston County address during legislative session

3. Employer's name and address (person or group for which you lobby)
Seattle Foundation 1601 Fifth Avenue Suite 1900 Seattle WA 98101-3615

Seattle Foundation works with public and private partners to bring about positive economic social and environmental changes to the local community.

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)
Jim Justin – 1501 Capitol Way South, Ste 203, Olympia Wa 98501

E-Mail Address
jim@jimjustingov.com

5. What is your pay (compensation) for lobbying?
\$3,500 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
 Unsalaried officer or member of group

xx Sole duty is lobbying
 Lobbying is only a part of other duties

6. Are you reimbursed for lobbying expenses? Explain which expenses. **No**
 Yes: \$ _____ per _____
 Yes: I am 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?
September 1, 2018 – March 31, 2019

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.)
Jim Justin Government Relations Consulting INC does not employ other staff at this time.

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 xx Higher education
02 xx Business and consumer affairs	10 <input type="checkbox"/> Human services
03 <input type="checkbox"/> Constitutions and elections	11 xx Labor
04 xx Education	12 <input type="checkbox"/> Law and justice
05 Energy and utilities	13 Local government
06 <input type="checkbox"/> Environmental affairs - natural resources - parks	14 xx State government
07 Financial institutions and insurance	15 <input type="checkbox"/> Transportation
08 xx 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 **9/28/18**

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

NOT VALID UNLESS SIGNED BY BOTH