_DISCLOSURE COMMISSION PUBLIC OR OFFICE USE 711 CAPITOL WAY RM 206 PO BOX 40908 LOBBYIST REGISTRATION OCT 2 6 2018 **OLYMPIA WA 98504-0908** (360) 753-1111 **TOLL FREE 1-877-601-2929** PUBLIC DISCLOSURE COMMISSION 1. Lobbyist Name Mike Hoover Public Affairs, LLC Permanent Business Address **Business Telephone Numbers** 123 Germaine Drive Permanent (Temporary (State Cell Phone (360) 561-6853 Chehalis. WA 98532-8600 or Pager 2. Temporary Thurston County address during legislative session E-Mail Address mike@hooverpa.com 3. Employer's name and address (person or group for which you lobby) Employer's occupation, business or description of purpose of organization Nancy LeMay, PO Box 44667, Tacoma, WA 98448 Individual 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.) E-Mail Address Nancy LeMay, PO Box 44667, Tacoma, WA 98448 NancyLeMay@lemayinv.com 5. What is your pay (compensation) for lobbying? Description of employment (check one or more boxes) s 2,000 per month ☐ Full time employee Sole duty is lobbying (hour, day, month, year) ☐ Part time or temporary employee ☐ Lobbying is only a part Other: Explain: □ Contractor, retainer or similar agreement of other duties Unsalaried officer or member of group Are you reimbursed for lobbying expenses? Explain which expenses. Does employer pay any of your lobbying expenses directly? If yes, explain which ones. **\$250** ✓ Yes: per month I am reimbursed for expenses. No □ No: I am not reimbursed for expenses 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 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. 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.) Mike Hoover 11. Areas of interest. Lobbying is most frequent before legislative committee members Remarks: or state agencies concerned with following subjects: CODE SUBJECT CODE SUBJECT 01 🔲 Agriculture 09 🔲 Health Care 02 🛛 Business and consumer affairs 10 Higher education 03 🗖 Constitutions and elections Human services 04 🖾 Education 12 🗆 Labor Energy and utilities 05 M Law and justice 13 □ Environmental affairs - natural 14 🔯 Local government resources - parks 15 🔯 State government 07 🗆 Financial institutions and 16 🔲 Technology

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insurance

Fiscal

12. LOBBYIST'S SIGNATURE

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PDC Form L-1 (rev. 12/14)

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CERTIFICATION: I hereby certify that the above is a true, complete and correct

Transportation

Other - Specify: Marymount Event Center

DATE

October 5, 2018

DATE

EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described

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

in this registration statement.