## PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2929

## **LOBBYIST REGISTRATION**

L1 (12/14)

## THIS SPACE FOR OFFICE USE **DATE FILED PDC**

NOV 07 2018

		1101 01 5010
Lobbyist Name  Peggen & Mara Political Consulting LLP	ı	Ý
Toggett d. Mara Foliaca Consularly Edi		
Permanent Business Address		Business Telephone Numbers
4749 Plover Street NE		Permanent ( )
		Temporary ( )
City State	Zıp	Cell Phone ( 360 ) 485-9680
Lacey WA	- 98516	or Pager
2. Temporary Thurston County address during legislative session		E-Mail Address mara@northwest-solutions com
Same	,	peggen frank@gmail com
Employer's name and address (person or group for which you lobby)		Employer's occupation, business or description of purpose of organization
Edelson PC, 350 North LaSalle Street, 14th floor, Chicago, IL 60654		Consumer protection law firm
A Name and address of parson baying quetady of passants resists basis as allow		•
<ol> <li>Name and address of person having custody of accounts, receipts, books or other lobbyist reports. (Person responsible for producing the lobbyist employer's annual</li> </ol>	L-3 report.)	E-Mail Address
Jacob Wright, 350 North LaSalle Street, 14th floor, Chicago, IL 60654		jwright@edelson.com
What is your pay (compensation) for lobbying?	. Description of the second se	
\$ 5,833 per month	Description of employment (check one Full time employee	,
(hour, day, month, year)	☐ Part time or temporary employee	X Sole duty is lobbying ☐ Lobbying is only a part
Other: Explain:	X Contractor, retainer or similar agree	ement of other duties
Are you reimbursed for lobbying expenses? Explain which expenses.	<ul> <li>Unsalaried officer or member of gro</li> <li>Does employer pay any of your lobbying</li> </ul>	
☐ Yes: \$ per	If yes, explain which ones.	- '
X Yes: I am reimbursed for expenses.  No: I am not reimbursed for expenses.		
7. How long do you expect to lobby for this organization?		
☐ Permanent lobbyist ☐ Only during legislative session	X Other, Explain: Legisla	tive session then month to month after sine die.
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 of is expected to pay over \$1,450 this year.		•
X No	id, pays, or is expected to pay over \$1,45	0.
9. Does your employer have a connected, related or closely affiliated political action committee which will provide funds for you to make political contributions used on the contributions and the contributions are larger to the contributions and the contributions are larger to the contributions are larger to the contributions and the contributions are larger to the contributions and the contributions are larger to the contribution and the contributions are larger to the contribution and the contributions are larger to the contribution and the contributions are larger to the contribution are larg		
tickets to fund raising events? If so, list the name of that political action committee.  X No	,	,
Yes. Name of the committee is:	r .	
<ol> <li>If lobbyist is a company, partnership or similar business entity which employs others</li> <li>and 144 for instructions.)</li> </ol>	to perform actual lobbying duties, list na	me of each person who will lobby. (See WAC 390-20-
Mara Machulsky & Peggen Frank		
Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:	Remarks:	
CODE SUBJECT CODE SUBJECT		
01 ☐ Agriculture 09 ☐ Health Care 02 X Business and consumer affairs 10 ☐ Higher education		
03 Constitutions and elections 11 Human services		
05 Energy and utilities 13 X Law and justice		
resources - parks 15 X State government		
insurance 17 Transportation	,	
08 ☐ Fiscal 18 ☐ Other - Specify:		,
<b>CERTIFICATION</b> : I hereby certify that the above is a true, complete and correct statement.	EMPLOYER'S AUTHORIZATION described in this registration statement	: Confirming the employment authority to lobby
12. LOBBYIST'S SIGNATURE DATE	EMPLOYER'S SIGNATURE, NAME TO	
Dogge Start - Wirth	Qac	rob Wright 11-10