

PUBLIC DISCLOSURE COMMISSION <b>711 CAPITOL WAY RM 206</b> <b>PO BOX 40908</b> <b>OLYMPIA WA 98504-0908</b> <b>(360) 753-1111</b> <b>TOLL FREE 1-877-601-2929</b>	<b>LOBBYIST REGISTRATION</b>	<b>L1</b> (12/14)	THIS SPACE FOR OFFICE USE  <b>NOV 24 2018</b>
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1. Lobbyist Name  
**LISA THATCHER**

Permanent Business Address  <b>522 NORTH E ST.</b>	Business Telephone Numbers Permanent ( ) Temporary ( )
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City <b>TACOMA</b>	State <b>WA</b>	Zip <b>98403</b>	Cell Phone (253) 686-8746 or Pager
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2. Temporary Thurston County address during legislative session	E-Mail Address  <b>lisa.thatcher@comcast.net</b>
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3. Employer's name and address (person or group for which you lobby)  <b>Northwest Museum of Arts &amp; Culture</b> <b>(Eastern Washington State Historical Society)</b>	Employer's occupation, business or description of purpose of organization <b>Historical Society/Museum</b>
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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.) <b>Tricia Finch</b> <b>2316 WEST FIRST AVENUE SPOKANE WA 99201</b>	E-Mail Address <b>tricia.finch@northwestmuseum.org</b>
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5. What is your pay (compensation) for lobbying? <b>\$ 3,500</b> per _____ (hour, day, month, year) Other: Explain:	Description of employment (check one or more boxes) <input type="checkbox"/> Full time employee <input type="checkbox"/> Part time or temporary employee <input checked="" type="checkbox"/> Contractor, retainer or similar agreement <input type="checkbox"/> Unsalariated officer or member of group <input type="checkbox"/> Sole duty is lobbying <input type="checkbox"/> Lobbying is only a part of other duties
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6. Are you reimbursed for lobbying expenses? Explain which expenses. <input type="checkbox"/> Yes: \$ _____ per _____ <input checked="" type="checkbox"/> Yes: I am reimbursed for expenses. - for travel <input type="checkbox"/> No: I am not reimbursed for expenses.	Does employer pay any of your lobbying expenses directly? If yes, explain which ones.  
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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:

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.)

11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:  <table style="width:100%;"> <tr> <td style="width:50%;">           CODE SUBJECT            01 <input type="checkbox"/> Agriculture            02 <input type="checkbox"/> Business and consumer affairs            03 <input type="checkbox"/> Constitutions and elections            04 <input type="checkbox"/> Education            05 <input type="checkbox"/> Energy and utilities            06 <input type="checkbox"/> Environmental affairs - natural resources - parks            07 <input type="checkbox"/> Financial institutions and insurance            08 <input checked="" type="checkbox"/> Fiscal         </td> <td style="width:50%;">           CODE SUBJECT            09 <input type="checkbox"/> Health Care            10 <input type="checkbox"/> Higher education            11 <input type="checkbox"/> Human services            12 <input type="checkbox"/> Labor            13 <input type="checkbox"/> Law and justice            14 <input type="checkbox"/> Local government            15 <input checked="" type="checkbox"/> State government            16 <input type="checkbox"/> Technology            17 <input type="checkbox"/> Transportation            18 <input type="checkbox"/> Other - Specify:         </td> </tr> </table>	CODE SUBJECT 01 <input type="checkbox"/> Agriculture 02 <input type="checkbox"/> Business and consumer affairs 03 <input type="checkbox"/> Constitutions and elections 04 <input type="checkbox"/> Education 05 <input type="checkbox"/> Energy and utilities 06 <input type="checkbox"/> Environmental affairs - natural resources - parks 07 <input type="checkbox"/> Financial institutions and insurance 08 <input checked="" type="checkbox"/> Fiscal	CODE SUBJECT 09 <input type="checkbox"/> Health Care 10 <input type="checkbox"/> Higher education 11 <input type="checkbox"/> Human services 12 <input type="checkbox"/> Labor 13 <input type="checkbox"/> Law and justice 14 <input type="checkbox"/> Local government 15 <input checked="" type="checkbox"/> State government 16 <input type="checkbox"/> Technology 17 <input type="checkbox"/> Transportation 18 <input type="checkbox"/> Other - Specify:	Remarks:
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<b>CERTIFICATION:</b> I hereby certify that the above is a true, complete and correct statement.	<b>EMPLOYER'S AUTHORIZATION:</b> Confirming the employment authority to lobby described in this registration statement.
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12. LOBBYIST'S SIGNATURE 	DATE <b>11/20/18</b>	EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE 	DATE <b>11-21-18</b>
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