
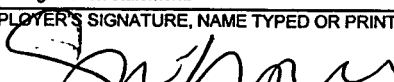
 <p>PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2929</p>	<p>LOBBYIST REGISTRATION</p>	<p>L1 (12/14)</p>	<p>THIS SPACE FOR OFFICE USE DATE FILED PDC DEC 05 2018</p>																						
<p>1. Lobbyist Name Sara Stewart</p>																									
<p>Permanent Business Address 6035 Troon Ln SE</p>		<p>Business Telephone Numbers Permanent () Temporary ()</p>																							
<p>City Olympia, WA State WA Zip 98501</p>		<p>Cell Phone or Pager (360) 229-8168</p>																							
<p>2. Temporary Thurston County address during legislative session</p>		<p>E-Mail Address Sara@SaraStewartInc.com</p>																							
<p>3. Employer's name and address (person or group for which you lobby) WA Mental Health Counselors Assoc.</p>		<p>Employer's occupation, business or description of purpose of organization MENTAL HEALTH CARE PROVIDERS</p>																							
<p>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.) Sara Oppler WMHCA 11410 NE 124th St. # 658 Kirkland WA 98034</p>		<p>E-Mail Address shannon@wmhca.org</p>																							
<p>5. What is your pay (compensation) for lobbying? \$ 1000 per month Kirkland WA 98034 (hour, day, month, year) Other: Explain:</p>		<p>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"/> Unsalaried officer or member of group <input type="checkbox"/> Sole duty is lobbying <input type="checkbox"/> Lobbying is only a part of other duties</p>																							
<p>6. Are you reimbursed for lobbying expenses? Explain which expenses. <input type="checkbox"/> Yes: \$ _____ per _____ <input type="checkbox"/> Yes: I am reimbursed for expenses. <input checked="" type="checkbox"/> No: I am not reimbursed for expenses.</p>		<p>Does employer pay any of your lobbying expenses directly? If yes, explain which ones.</p>																							
<p>7. How long do you expect to lobby for this organization? <input checked="" type="checkbox"/> Permanent lobbyist <input type="checkbox"/> Only during legislative session <input type="checkbox"/> Other, Explain:</p>																									
<p>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. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. However, no member or funder has paid, pays, or is expected to pay over \$1,450. <input type="checkbox"/> Yes. The list is of parties attached</p>																									
<p>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. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Name of the committee is:</p>																									
<p>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.)</p>																									
<p>11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:</p> <table border="0"> <tr> <td>CODE SUBJECT</td> <td>CODE SUBJECT</td> </tr> <tr> <td>01 <input type="checkbox"/> Agriculture</td> <td>09 <input checked="" type="checkbox"/> Health Care</td> </tr> <tr> <td>02 <input type="checkbox"/> Business and consumer affairs</td> <td>10 <input type="checkbox"/> Higher education</td> </tr> <tr> <td>03 <input type="checkbox"/> Constitutions and elections</td> <td>11 <input type="checkbox"/> Human services</td> </tr> <tr> <td>04 <input type="checkbox"/> Education</td> <td>12 <input type="checkbox"/> Labor</td> </tr> <tr> <td>05 <input type="checkbox"/> Energy and utilities</td> <td>13 <input type="checkbox"/> Law and justice</td> </tr> <tr> <td>06 <input type="checkbox"/> Environmental affairs - natural resources - parks</td> <td>14 <input type="checkbox"/> Local government</td> </tr> <tr> <td>07 <input type="checkbox"/> Financial institutions and insurance</td> <td>15 <input type="checkbox"/> State government</td> </tr> <tr> <td>08 <input type="checkbox"/> Fiscal</td> <td>16 <input type="checkbox"/> Technology</td> </tr> <tr> <td></td> <td>17 <input type="checkbox"/> Transportation</td> </tr> <tr> <td></td> <td>18 <input type="checkbox"/> Other - Specify:</td> </tr> </table>		CODE SUBJECT	CODE SUBJECT	01 <input type="checkbox"/> Agriculture	09 <input checked="" type="checkbox"/> Health Care	02 <input type="checkbox"/> Business and consumer affairs	10 <input type="checkbox"/> Higher education	03 <input type="checkbox"/> Constitutions and elections	11 <input type="checkbox"/> Human services	04 <input type="checkbox"/> Education	12 <input type="checkbox"/> Labor	05 <input type="checkbox"/> Energy and utilities	13 <input type="checkbox"/> Law and justice	06 <input type="checkbox"/> Environmental affairs - natural resources - parks	14 <input type="checkbox"/> Local government	07 <input type="checkbox"/> Financial institutions and insurance	15 <input type="checkbox"/> State government	08 <input type="checkbox"/> Fiscal	16 <input type="checkbox"/> Technology		17 <input type="checkbox"/> Transportation		18 <input type="checkbox"/> Other - Specify:	<p>Remarks:</p>	
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<p>CERTIFICATION: I hereby certify that the above is a true, complete and correct statement.</p>		<p>EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described in this registration statement.</p>																							
<p>12. LOBBYIST'S SIGNATURE  DATE 8/15/18</p>		<p>EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE  DATE 8.23.18</p>																							