DISCLOSURE COMMISSION
711 CAPITOL WAY RM 208
PO BOX 40908 PUBLIC OLYMPIA WA 98504-0908

LOBBYIST REGISTRATION

THIS SPACE FOR OFFICE USE DATE FILED PDC

NOT VALID UNLESS SIGNED BY

TOLL FREE 1-877-601-2828			(12/03)	DEC 0 7 2018	
1. Lobbyist Name			Business Tel	ephone Numbers	
Bogard & Johnson, LLC		Permanent ((360) 956-3322		
Permanent Business Address		Temporary ()		
200 Union Ave SE		Cell Phone (206) 979-0326 or Pager			
City	Zıp	E-Mail Addre	ss		
Olympia WA		98501	becky@bogardjohnson.com		
Temporary Thurston County address during legislative		Employer's occupation, business or description of purpose of organization Association of service providers to people with developmental disabilities			
N/A					
 Employer's name and address (person or group for wh Community Residential Services Ass 16030 Juanita-Woodinville Way NE, 					
 Name and address of person having custody of accour lobbyist reports. (Person responsible for producing the 	nts, receipts, books or other annual L3 report)	documents which substantiate	E-Mail Addi	ress	
Scott Livengood		live	engood@a	lphasls.org	
16030 Juanita-Woodinville Way NE, Bothell, WA 98011 5. What is your pay (compensation) for lobbying?		Description of employment (check one or more boxes)			
\$ _3400 permonth_ (hour, day, month, year)		☐ Full time employee		☐ Sole duty is lobbying	
Other: Explain: 6. Are you reimbursed for lobbying expenses? Explain which expenses.		Part time or temporary employee X Contractor, retainer or similar agree			
		Unsalaried officer or member of group			
☐ Yes: \$ per	nich expenses.	Does employer pay any of your lobbying if yes, explain which ones.	ig expenses dir	ectly?	
X Yes: I am reimbursed for expenses.		: -		1	
No: I am not reimbursed for expenses.How long do you expect to lobby for this organization?		<u> </u>			
	ing legislative session	Other, Explain:			
Is your employer a business or trade association or sim	nilar organization which lobb	ies on hehalf of its members? If "you " of	tach a list show	ing the page and address of such	
member who has paid the association fees, dues or off	ier payments over \$500 dur	ing either of the past two years or is expe	ected to pay ove	er \$500 this year.	
X☐Yes. The list is attached		expected to pay over \$500.		٠.	
Does your employer have a connected, related or close tickets to fund raising events? If so, list the name of that po	ely affiliated political action cultical action committee.	ommittee which will provide funds for you	to make politic	cal contributions including purchase	
X No				• • •	
Yes. Name of the committee is: 10. If lobbyist is a company, partnership or similar business	s entity which employs other	s to perform actual lobbying duties, list n	amo of oach no	vron who will lobby (See MAC 202 20	
143 and 144 for instructions.)	oning man employe enter	s to perform actual lobbying duties, list the	ame or each pe	isoli wild will lobby. (See VVAC 390-20-	
Rebecca Bogard, Melissa Johnson					
 Areas of interest. Lobbying is most frequent before leg members or state agencies concerned with following subject 	islative committee	Remarks:			
CODE SUBJECT CODE	SUBJECT .				
02 ☐ Business and consumer affairs 10 X ☐	Higher education Human services Labor				
03 U Constitutions and elections 11 U Education 12 U Energy and utilities 13 U	Law and justice Local government				
06 Environmental affairs - natural 14 resources - parks 15	State government Transportation				
07 ☐ Financial institutions and insurance 16	Other - Specify:				
				·	
CERTIFICATION: I hereby certify that the above is a statement.	EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described in this registration statement.				
12. LOBBYST'S SIGNATURE	DATE	EMPLOYER'S SIGNATURE, NAME		NTED, AND TITLE DATE	
Vellege Kharoh)	12/6/18	Robbin Navar Chair		12/1/18	

Starr