



# LOBBYIST REGISTRATION

**L1**  
(12/14)

THIS SPACE FOR OFFICE USE

**DATE FILED PDC**

**DEC 19 2018**

1. Lobbyist Name  
Gano and Associates

Permanent Business Address  
PO Box 98066

Business Telephone Numbers  
Permanent ( 253 ) 984-7174  
Temporary ( )

City State Zip  
Lqkewood WA 98496

Cell Phone ( 253 ) 241-1537  
or Pager

2. Temporary Thurston County address during legislative session

E-Mail Address  
Steve@stevagano.com

3. Employer's name and address (person or group for which you lobby)  
Chubb Insurance Company  
436 Walnut St.  
Philadelphia, PA 19106

Employer's occupation, business or description of purpose of organization  
Insurance

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.)  
Manolo Morales same address as above

E-Mail Address  
Manolo.Morales@Chubb.com

5. What is your pay (compensation) for lobbying?  
\$ 3500 per Month  
(hour, day, month, year)  
Other: Explain:

Description of employment (check one or more boxes)  
 Full time employee  
 Part time or temporary employee  
 Contractor, retainer or similar agreement  
 Unsalairied officer or member of group  
 Sole duty is lobbying  
 Lobbying is only a part of other duties

6. Are you reimbursed for lobbying expenses? Explain which expenses.  
 Yes: \$ per  
 Yes: I am reimbursed for expenses.  
No: I am not reimbursed for expenses.

Does employer pay any of your lobbying expenses directly?  
If yes, explain which ones.  
**NO**

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.)  
Steve Gano, Kathleen Gano, Brent Ludeman

11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:

|   |  |
|---|--|
| CODE SUBJECT  | CODE SUBJECT                                 |
| 01 <input type="checkbox"/> Agriculture                                       | 09 <input type="checkbox"/> Health Care      |
| 02 <input checked="" 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 checked="" type="checkbox"/> Financial institutions and insurance   | 15 <input type="checkbox"/> State government |
| 08 <input checked="" type="checkbox"/> Fiscal                                 | 16 <input type="checkbox"/> Technology       |
|   | 17 <input type="checkbox"/> Transportation   |
|   | 18 <input type="checkbox"/> Other - Specify: |

Remarks:

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

**EMPLOYER'S AUTHORIZATION:** Confirming the employment authority to lobby described in this registration statement.

12. LOBBYIST'S SIGNATURE

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE  
  
Manolo P Morales, Vice President & Counsel, State Government Affairs  
DATE  
12-6-18