

LOBBYIST REGISTRATION

L1
(12/14)

THIS SPACE FOR OFFICE USE
DATE FILED PDC

DEC 17 2018

1. Lobbyist Name

Lori Evans

Permanent Business Address

3334 Gull Harbor Rd NE

Business Telephone Numbers

Permanent ()

Temporary ()

City

State

Zip

Olympia WA 98506

Cell Phone (**360-791-1595**)
or Pager

2. Temporary Thurston County address during legislative session

E-Mail Address

Lori@LoriEvans.US

3. Employer's name and address (person or group for which you lobby)

Pope Resources/Olympic Property Group/Olympic Resource Management, 19950 7th Av NE Suite 200, Poulsbo WA 98370

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

Timber & real estate

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.)

Adrian Miller, same, 360-394-0595

E-Mail Address

amiller@orminc.com

5. What is your pay (compensation) for lobbying?

\$ **2250** 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

Unalaried 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.

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:

- | | | | |
|--|---|--|------------------|
| CODE | SUBJECT | CODE | SUBJECT |
| 01 <input checked="" 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 checked="" type="checkbox"/> | Labor |
| 05 <input checked="" type="checkbox"/> | Energy and utilities | 13 <input checked="" type="checkbox"/> | Law and justice |
| 06 <input checked="" type="checkbox"/> | Environmental affairs - natural resources - parks | 14 <input checked="" type="checkbox"/> | Local government |
| 07 <input type="checkbox"/> | Financial institutions and insurance | 15 <input checked="" type="checkbox"/> | State government |
| 08 <input checked="" type="checkbox"/> | Fiscal | 16 <input checked="" type="checkbox"/> | Technology |
| | | 17 <input checked="" 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

DATE

Lori Evans

12/10/18

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE

DATE

Adrian Miller

12/10/18