



PUBLIC DISCLOSURE COMMISSION
 711 CAPITOL WAY RM 206
 PO BOX 40008
 OLYMPIA WA 98504-0908
 (360) 753-1111
 TOLL FREE 1-877-601-2929

LOBBYIST REGISTRATION

L1
(12/14)

THIS SPACE FOR OFFICE USE
DATE FILED PDC

DEC 13 2018

1. Lobbyist Name

Mark O. Brown (dba Connections Public Affairs)

Permanent Business Address

4627 Prestwick Lane SE

City: Lacey State: WA Zip: 98513

Business Telephone Numbers

Permanent (360) 491-0938

Temporary ()

Cell Phone (360) 790-4427 or Pager

2. Temporary Thurston County address during legislative session

E-Mail Address

3. Employer's name and address (person or group for which you lobby)
 City of Vancouver Washington, City Hall, Vancouver, WA

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

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.)

Kerry Peck City Hall, CMO, Van. WA 98668

E-Mail Address

Kerry.peck@cityofvancouver.us

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

\$ 8500.00 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
- Unsalariated 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.)

Brian Enslow (Cdba Arbutus LLC)

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

Remarks:

- | | |
|--|---|
| 01 <input type="checkbox"/> Agriculture | 09 <input 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 checked="" type="checkbox"/> Labor |
| 05 <input 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 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 checked="" type="checkbox"/> Transportation |
| | 18 <input type="checkbox"/> Other - Specify: |

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

Mark O. Brown

DATE

12/8/18

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

Jeanette M. DeWitt

DATE

12/10/18