

LOBBYIST REGISTRATION

L1
(12/14)

THIS SPACE FOR OFFICE USE
DATE FILED PDC

1. Lobbyist Name
Rob Makin Consulting

DEC 21 2018

Permanent Business Address
1940 5th Avenue West

Business Telephone Numbers
Permanent (206) 282.5700
Temporary ()

City State Zip
Seattle WA 98119

Cell Phone ()
or Pager

2. Temporary Thurston County address during legislative session

E-Mail Address
rob@rgmakin.com

3. Employer's name and address (person or group for which you lobby)
CHI Franciscan Health
ATTN: Cary Evans
1145 Broadway Plaza, Suite 1000
Tacoma, WA 98402

Employer's occupation, business or description of purpose of organization
Health Care Provider

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.)
Cary Evans

E-Mail Address
caryevans@chifranciscan.org

5. What is your pay (compensation) for lobbying?
\$ 3,750 per month
(hour, day, month, year)
Other: Explain:

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

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 (excluding individuals) who has paid fees, dues or other payments over \$500 during either of the past two years or is expected to pay over \$500 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.)
Rob Makin

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

Remarks:

CODE	SUBJECT	CODE	SUBJECT
01 <input type="checkbox"/>	Agriculture	09 x	Health Care
02 x	Business and consumer affairs	10 <input type="checkbox"/>	Higher education
03 <input type="checkbox"/>	Constitutions and elections	11 x	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 x	Local government
07 <input type="checkbox"/>	Financial institutions and insurance	15 x	State government
08 x	Fiscal	16 <input type="checkbox"/>	Technology
		17 <input 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
Rob Makin

DATE
12/7/18

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE DATE
Cary Evans
Cary Evans, VP Communications & Government Affairs 12/3/18