PUBLIC DISC	CLOSURE COMMISSION 711 CAPITOL WAY RM 2	1		1 4	THIS SPACE FOR OFFICE USE DATE FILED PDC
	OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-29		REGISTRATION	L1	nfc 2 ⁸ 2018
Lobbyist Name	102111221-077-001-23				DEC Z O ZUIO
CAPIT	OL CONNECT	ou LLC			
Permanent Business Address				Business Telephone Numbers	
ZBIS STIKLING ST. S.E.				Permanent (360) 789, 5246 Temporary ()	
City State Zip				Cell Phone ()
OLYM	PIA h	IA	98501	or Pager	,
2. Temporary Thurston County address during legislative session				E-Mail Addres	
				RYANG	CAPEOUD. NET
3. Employer's name and address (person or group for which you lobby) Contact the second of the sec				Employer's or purpose of or	ccupation, business or description of ganization
EQUAL JUSTICE COALITION 1325 4th AUF, \$1335, SEATTLE WA 98101				CIVIL LE	GAL AID FUNDING
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.)				E-Mail Addres	s
CAITCIN DAVIS CARLSON 1325 4th AVE, #1335, SEATLE WA 98101				CAITUND	celebal Foundation, org
5. What is your pay	(compensation) for lobbying?		Description of employment (check one	or more boxes)	
\$ 5950, are per Mouth (hour, day, month, year) Other: Explain: Full time employee Part time or temporary employee Unsalaried officer or member					☐ Sole duty is lobbying☐ Lobbying is only a part of other duties
6. Are you reimbursed for lobbying expenses? Explain which expenses. Does employer pay any of your lobby					tly?
Yes: \$ per If yes, explain which ones. Yes: I am reimbursed for expenses.					
Yes: Tam reimbursed for expenses. I am not reimbursed for expenses.					
7. How long do you e	expect to lobby for this organization	?	•		· · · · · · · · · · · · · · · · · · ·
Permanent lot	obyjst . 🗆 Only o	during legislative session	Other, Explain:		•
associations, or organia	business or trade association or or zations? If "yes," attach a list show expected to pay over \$1,450 this	ing the name and address of e	ehalf of its members or a representative e each member or funder who has paid fees	entity which lobbie s, dues or other p	es on behalf of businesses, groups, ayments over \$1,450 during either of
Æ No			id, pays, or is expected to pay over \$1,45	0.	
with along events?	er have a connected, related or clo If so, list the name of that political	sely affiliated political action co action committee.	mmittee which will provide funds for you	to make political	contributions including purchase tickets
No ☐ Yes. Name of	the committee is:				
10. If lobbyist is a comp	pany, partnership or similar busine	ss entity which employs others	to perform actual lobbying duties, list nan	ne of each perso	n who will lobby. (See WAC 390-20-
143 BIIO 144 IOF INSUUC	PLLER, SAND				
11. Areas of interest. L	obbying is most frequent before le	gislative committee members	Remarks:		
or state agencies conce	emed with following subjects:				
CODE SUBJECT	09 🗀	E SUBJECT Health Care			
	and consumer affairs 10 🗆 ons and elections 11 🗔		1		
04 D Education	12 🗖	Labor			•
05 ☐ Energy and 06 ☐ Environme	d utilities 13 Rental affairs - natural 14 D	Law and justice Local government			
resources	s - parks 15 🗖	State government			
Insurance	nstitutions and 16 🗆 17 🖸	Technology Transportation			
08 Fiscal	18 🗀				

Other - Specify:

DATE

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

12/18/18

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