

LOBBYIST REGISTRATION

L1
(12/14)

THIS SPACE FOR OFFICE USE
DATE FILED PDC
DEC 27 2018

1. Lobbyist Name
 Gail Toraason McGaffick, Inc.

Permanent Business Address
 P.O. Box 47

City Olympia State WA Zip 98507

Business Telephone Numbers
 Permanent (360) 481-3818
 Temporary ()
 Cell Phone () or Pager

2. Temporary Thurston County address during legislative session
 n/a

E-Mail Address
 mpwrmnt@outlook.com

3. Employer's name and address (person or group for which you lobby)
 Washington State Podiatric Medical Association (WSPMA)
 2150 N. 107th St., Suite 205, Seattle, WA 98133

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

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.)
 Terry J. Onustack, CMP, Executive Director, WSPMA, same address as #3

E-Mail Address
 info@wspma.org

5. What is your pay (compensation) for lobbying?
 \$ 3,000 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: annual contract

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: PODPAC

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.)
 Gail McGaffick

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


01 <input type="checkbox"/> Agriculture	09 <input checked="" 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 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 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:
 Melanie Stewart and Associates LLC and Gail Toraason McGaffick, Inc. each represent this client, and each is filing a separate L-1.

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

 Terry J. Onustack, CMP, Executive Director, WSPMA
 DATE 12/27/2018