

LOBBYIST REGISTRATION

L1
(12/14)

THIS SPACE FOR OFFICE USE

DATE FILED PDC

DEC 12 2018

1. Lobbyist Name
 Washington State Nurses Association

Permanent Business Address
 575 Andover Park W #101

City: Seattle State: WA Zip: 98188

Business Telephone Numbers
 Permanent (206) 575-7979
 Temporary ()
 Cell Phone () or Pager

2 Temporary Thurston County address during legislative session

E-Mail Address
 mreed@wsna.org

3 Employer's name and address (person or group for which you lobby)
 ASSN OF ADV PRACTICE PSYCHIATRIC NURSES
 1229 Cornwall Ave Suite 308 Bellingham, WA 98225

Employer's occupation, business or description of purpose of organization
 Non-profit organization

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.)
 Kirk Roberts
 1229 Cornwall Ave Suite 308 Bellingham, WA 98225

E-Mail Address
 kirk@aappn.org

5. What is your pay (compensation) for lobbying?
 \$ 500 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
 Unsalairied 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 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.)
 Jennifer Muhm, Melissa Johnson, Travis Elmore Nelson, Amy Brackenbury, Sally Watkins

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

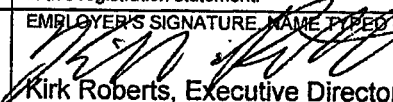
CODE	SUBJECT	CODE	SUBJECT
01 <input type="checkbox"/>	Agriculture	09 <input checked="" type="checkbox"/>	Health Care
02 <input type="checkbox"/>	Business and consumer affairs	10 <input type="checkbox"/>	Higher education
03 <input type="checkbox"/>	Constitutions and elections	11 <input type="checkbox"/>	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 type="checkbox"/>	Fiscal	16 <input type="checkbox"/>	Technology
		17 <input type="checkbox"/>	Transportation
		18 <input type="checkbox"/>	Other - Specify:

Remarks:

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

12. LOBBYIST'S SIGNATURE:  DATE: 12/11/18

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

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE:  DATE: 12/10/18
 Kirk Roberts, Executive Director