

X

LOBBYIST REGISTRATION

L1

(12/14)

THIS SPACE FOR OFFICE USE

DATE FILED PDC

JAN 11 2019

1. Lobbyist Name

Davor Gjurasic

Permanent Business Address

P.O. Box 22297 Olympia, WA 98508

City State Zip

Business Telephone Numbers

Permanent ()

Temporary ()

Cell Phone (360-561-1923)
or Pager

2. Temporary Thurston County address during legislative session

200 Union Ave SE, Olympia WA 98501

E-Mail Address

dgjurasic@comcast.net

3. Employer's name and address (person or group for which you lobby)

Port Gamble S'Kallam Tribe, 31912 Little Boston Road NE, Kingston, WA 98346

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

Sovereign Government for the Port Gamble S'Kallam People

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.)

Kelley Sullivan (Address same as above)

E-Mail Address

SallyK@PGST.NSW.US

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

\$ 5,833.33 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? No
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.)

NA

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 checked="" type="checkbox"/>	Human services
04 <input checked="" type="checkbox"/>	Education	12 <input type="checkbox"/>	Labor
05 <input type="checkbox"/>	Energy and utilities	13	Law and justice
06 <input checked="" 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	Fiscal	16 <input type="checkbox"/>	Technology
		17 <input checked="" type="checkbox"/>	Transportation
		18 <input type="checkbox"/>	Other - Specify: Gaming

Remarks:

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.


2. LOBBYIST'S SIGNATURE

DATE

 11/11/2019

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

DATE

 Kelly Sullivan, Executive Director
11/11/19