

LOBBYIST REGISTRATION

THIS SPACE FOR OFFICE USE
L1
 (12/03)
DATE FILED PDC
JAN 11 2019

1. Lobbyist Name
Coyne, Jesernig, LLC

Permanent Business Address
625 Delphi Road NW

City **Olympia** State **WA** Zip **98502**

Business Telephone Number
 Permanent ()
 Temporary ()

Cell Phone (360) **951-5262**
 or Pager

E-Mail Address
dancoyne@coynejesernig.com

2. Temporary Thurston County address during legislative session

3. Employer's name and address (person or group for which you lobby)
Alaska Airlines
19300 International Blvd, Seattle, WA 98188

Employer's occupation, business or description of purpose of organization
Commercial airline company

4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports. (Person responsible for producing the annual L3 report)
Megan Ouellette, Managing Director, Government & Community Relations
Alaska Airlines, 19300 International Blvd, Seattle, WA 98188

E-Mail Address
Megan.Ouellette@AlaskaAir.com

5. What is your pay (compensation) for lobbying?
 \$ 6000 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.

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 similar organization which lobbies on behalf of its members? If "yes," attach a list showing the name and address of each member who has paid the association 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 has paid, pays, or is expected to pay over \$500.
 Yes. The list is 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:

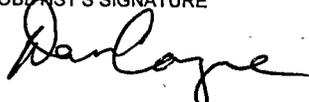
10. If lobbyist is a company, partnership or similar business entity which employs others to perform actual lobbying duties, list name of each person who will lobby. (See WAC 390-20-143 and 144 for instructions.)
Dan Coyne

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 type="checkbox"/>	Higher education
02 <input checked="" type="checkbox"/>	Business and consumer affairs	10 <input type="checkbox"/>	Human services
03 <input type="checkbox"/>	Constitutions and elections	11 <input checked="" type="checkbox"/>	Labor
04 <input type="checkbox"/>	Education	12 <input type="checkbox"/>	Law and justice
05 <input checked="" type="checkbox"/>	Energy and utilities	13 <input type="checkbox"/>	Local government
06 <input type="checkbox"/>	Environmental affairs - natural resources - parks	14 <input type="checkbox"/>	State government
07 <input type="checkbox"/>	Financial institutions and insurance	15 <input checked="" type="checkbox"/>	Transportation
08 <input checked="" type="checkbox"/>	Fiscal	16 <input type="checkbox"/>	Other - Specify:

Remarks:
Alaska Airlines' contract with Coyne, Jesernig, LLC includes representation of its sister company, Horizon Air.

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

12. LOBBYIST'S SIGNATURE

 DATE **1/7/19**

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

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

Megan Ouellette, Managing Director, Gov. & Community Relations
 DATE **1/3/19**