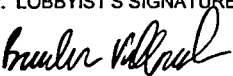


LOBBYIST REGISTRATION

L1
(12/14)

THIS SPACE FOR OFFICE USE

DATE FILED PDC
 NOV 29 2016

1. Lobbyist Name Bracken R Killpack		Business Telephone Numbers Permanent (206) 448-1914 Temporary ()																																											
Permanent Business Address 126 NW Canal St		Cell Phone (206) 496-7572 or Pager																																											
City Seattle	State WA	Zip 98107																																											
2. Temporary Thurston County address during legislative session NA		E-Mail Address bracken@wsda.org																																											
3. Employer's name and address (person or group for which you lobby) Washington State Dental Association, 126 NW Canal St, Seattle, WA 98107		Employer's occupation, business or description of purpose of organization Professional health care 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.) Peter Aaron, Washington State Dental Association, 126 NW Canal St, Seattle, WA 98107		E-Mail Address peter@wsda.org																																											
5. What is your pay (compensation) for lobbying? \$ 3,500 per month (hour, day, month, year) Other: Explain:	Description of employment (check one or more boxes) <input checked="" type="checkbox"/> Full time employee <input type="checkbox"/> Part time or temporary employee <input type="checkbox"/> Contractor, retainer or similar agreement <input type="checkbox"/> Unsalairied officer or member of group <input type="checkbox"/> Sole duty is lobbying <input checked="" type="checkbox"/> Lobbying is only a part of other duties																																												
6. Are you reimbursed for lobbying expenses? Explain which expenses. <input type="checkbox"/> Yes: \$ _____ per _____ <input checked="" type="checkbox"/> Yes: I am reimbursed for expenses. <input type="checkbox"/> 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? <input checked="" type="checkbox"/> Permanent lobbyist <input type="checkbox"/> Only during legislative session <input type="checkbox"/> 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. <input type="checkbox"/> No <input checked="" type="checkbox"/> 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. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Name of the committee is: Washington State Dental Political Action Committee																																													
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: <table style="width:100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <table style="width:100%; border: none;"> <tr><td>CODE</td><td>SUBJECT</td></tr> <tr><td>01 <input type="checkbox"/></td><td>Agriculture</td></tr> <tr><td>02 <input type="checkbox"/></td><td>Business and consumer affairs</td></tr> <tr><td>03 <input type="checkbox"/></td><td>Constitutions and elections</td></tr> <tr><td>04 <input type="checkbox"/></td><td>Education</td></tr> <tr><td>05 <input type="checkbox"/></td><td>Energy and utilities</td></tr> <tr><td>06 <input type="checkbox"/></td><td>Environmental affairs - natural resources - parks</td></tr> <tr><td>07 <input type="checkbox"/></td><td>Financial institutions and insurance</td></tr> <tr><td>08 <input type="checkbox"/></td><td>Fiscal</td></tr> </table> </td> <td style="width: 50%; vertical-align: top;"> <table style="width:100%; border: none;"> <tr><td>CODE</td><td>SUBJECT</td></tr> <tr><td>09 <input checked="" type="checkbox"/></td><td>Health Care</td></tr> <tr><td>10 <input type="checkbox"/></td><td>Higher education</td></tr> <tr><td>11 <input type="checkbox"/></td><td>Human services</td></tr> <tr><td>12 <input type="checkbox"/></td><td>Labor</td></tr> <tr><td>13 <input type="checkbox"/></td><td>Law and justice</td></tr> <tr><td>14 <input type="checkbox"/></td><td>Local government</td></tr> <tr><td>15 <input type="checkbox"/></td><td>State government</td></tr> <tr><td>16 <input type="checkbox"/></td><td>Technology</td></tr> <tr><td>17 <input type="checkbox"/></td><td>Transportation</td></tr> <tr><td>18 <input type="checkbox"/></td><td>Other - Specify:</td></tr> </table> </td> </tr> </table>		<table style="width:100%; border: none;"> <tr><td>CODE</td><td>SUBJECT</td></tr> <tr><td>01 <input type="checkbox"/></td><td>Agriculture</td></tr> <tr><td>02 <input type="checkbox"/></td><td>Business and consumer affairs</td></tr> <tr><td>03 <input type="checkbox"/></td><td>Constitutions and elections</td></tr> <tr><td>04 <input type="checkbox"/></td><td>Education</td></tr> <tr><td>05 <input type="checkbox"/></td><td>Energy and utilities</td></tr> <tr><td>06 <input type="checkbox"/></td><td>Environmental affairs - natural resources - parks</td></tr> <tr><td>07 <input type="checkbox"/></td><td>Financial institutions and insurance</td></tr> <tr><td>08 <input type="checkbox"/></td><td>Fiscal</td></tr> </table>	CODE	SUBJECT	01 <input type="checkbox"/>	Agriculture	02 <input type="checkbox"/>	Business and consumer affairs	03 <input type="checkbox"/>	Constitutions and elections	04 <input type="checkbox"/>	Education	05 <input type="checkbox"/>	Energy and utilities	06 <input type="checkbox"/>	Environmental affairs - natural resources - parks	07 <input type="checkbox"/>	Financial institutions and insurance	08 <input type="checkbox"/>	Fiscal	<table style="width:100%; border: none;"> <tr><td>CODE</td><td>SUBJECT</td></tr> <tr><td>09 <input checked="" type="checkbox"/></td><td>Health Care</td></tr> <tr><td>10 <input type="checkbox"/></td><td>Higher education</td></tr> <tr><td>11 <input type="checkbox"/></td><td>Human services</td></tr> <tr><td>12 <input type="checkbox"/></td><td>Labor</td></tr> <tr><td>13 <input type="checkbox"/></td><td>Law and justice</td></tr> <tr><td>14 <input type="checkbox"/></td><td>Local government</td></tr> <tr><td>15 <input type="checkbox"/></td><td>State government</td></tr> <tr><td>16 <input type="checkbox"/></td><td>Technology</td></tr> <tr><td>17 <input type="checkbox"/></td><td>Transportation</td></tr> <tr><td>18 <input type="checkbox"/></td><td>Other - Specify:</td></tr> </table>	CODE	SUBJECT	09 <input checked="" type="checkbox"/>	Health Care	10 <input type="checkbox"/>	Higher education	11 <input type="checkbox"/>	Human services	12 <input type="checkbox"/>	Labor	13 <input type="checkbox"/>	Law and justice	14 <input type="checkbox"/>	Local government	15 <input type="checkbox"/>	State government	16 <input type="checkbox"/>	Technology	17 <input type="checkbox"/>	Transportation	18 <input type="checkbox"/>	Other - Specify:	Remarks:	
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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  Bracken R. Killpack, Executive Director																																											
DATE 11/28/16		DATE 11/29/16																																											