PUBLIC_DISCLOSU	JRE COMMISSION
	711 CAPITOL WAY RM 206 PO BOX 40908
	OLYMPIA WA 98504-0908
	(360) 753-1111
	TOLL EDGE 4-977-804-2020

THIS SPACE FOR OFFICE USE

## DATE EIL ED DOC

	OLYMPIA WA 98504-096 (360) 753-1111 TOLL FREE 1-877-601-2		REGISTRATION	(12/14)	DATE FILED FDC	
Lobbyist Name			******		JAN 142019	
Carney Badley Spellman - Melvin Sorensen						
Permanent Business Address			Business Telephone Numbers			
701 5th Avenue, Ste. 3600		Permanent ( 206 ) 622-8020				
		Temporary ( 206 ) 357-6500				
City	· · · · · · · · · · · · · · · · · · ·	State Zip			Cell Phone ( 206 ) 409-5177	
Seattle		WA	98104	or Pager		
	County address during legisl		30104	E-Mail Addre	SS	
208 11th Ave. SE, Suite 2 Olympia, WA 98501			sorensen@carneylaw.com			
3. Employer's name and	Employer's name and address (person or group for which you lobby)			Employer's occupation, business or description of		
American Family Mutual Insurance Company			purpose of organization Property Casualty Auto Insurer			
6000 American Pkwy Madison, WI 53783						
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.)			E-Mail Address			
Rebecca Sanchez	rson responsible for producin	g the lobbyist employer's annual c	-o report.)	RSANCH	E1@amfam.com	
6000 American Pkwy	<u> </u>					
<ol> <li>What is your pay (cors</li> <li>\$ 50,000</li> </ol>	mpensation) for lobbying?		Description of employment (check one	on of employment (check one or more boxes)		
\$ 00,000	per year (hour, day, month, year	<del>)</del>	☐ Full time employee ☐ Part time or temporary employee		<ul><li>■ Sole duty is lobbying</li><li>□ Lobbying is only a part</li></ul>	
Other: Explain:  Contractor, retainer or similar agre		ment	of other duties			
6. Are you reimbursed for lobbying expenses? Explain which expenses.  Does employer pay any of your lobbying		<u> </u>	othy			
☐ Yes: \$	per		If yes, explain which ones.	oxperioes dire	ouy,	
	mbursed for expenses.					
	t reimbursed for expenses. ect to lobby for this organizat	ion?		· · · ·		
■ 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.)						
Melvin Sorensen, Jake H. Mayson						
	bbying is most frequent befor ned with following subjects:	e legislative committee members	Remarks:			
CODE SUBJECT		ODE SUBJECT				
	d consumer affairs 1	9 ☐ Health Care 0 ☐ Higher education				
04 Education	1:	1 ☐ Human services 2 ☐ Labor				
05 Energy and a		3 ☐ Law and justice 4 ■ Local government				
resources - 07 Financial Ins		5 ■ State government 6 □ Technology		•		
insurance 08 ☐ Fiscal	17	7 Transportation 8 Other - Specify:				
			FIADLOVEDIO ALITHOUTATION			
statement.		is a true, complete and correct	in this registration statement.		employment authority to lobby described	
12. LOBBYIST'S SIGNAT	TURE	DATE	EMPLOYER'S SIGNATURE, NAME T	YPED OR PRI	NTED, AND TITLE DATE	
Scott Seymour, Veg/President for Seyernment Affairs and Compilance 12/19/18					12/19/18	
PDC form L-1 (rev. 12/14)  NOT VALID UNLESS SIGNED BY BOTH						