

LOBBYIST REGISTRATION

L1

(12/14)

THIS SPACE FOR OFFICE USE
DATE FILED PDC

JAN 23 2019

1. Lobbyist Name

Nicolette Bailly

Permanent Business Address

18211 124th Ave SE

Burton

WA

98058

City

State

Zip

Business Telephone Numbers

Permanent (~~206~~) *206* *418-0840*

Temporary ()

Cell Phone ()
or Pager

2. Temporary Thurston County address during legislative session

E-Mail Address

baillyne@seattleu.edu

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

Disability Rights WA Seattle WA 98104
315 5th Ave S. Ste 850

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

Non Profit Organization
working to protect the rights of people with disabilities

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.)

E-Mail Address

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

\$ _____ per _____
(hour, day, month, year)

Other: Explain:

extern for the spring

Description of employment (check one or more boxes)

- Full time employee
- Part time or temporary employee
- Contractor, retainer or similar agreement
- Unalaried 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 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.)

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

- | | |
|---|---|
| 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 type="checkbox"/> Education | 12 <input type="checkbox"/> Labor |
| 05 <input type="checkbox"/> Energy and utilities | 13 <input checked="" type="checkbox"/> Law and justice |
| 06 <input type="checkbox"/> Environmental affairs - natural resources - parks | 14 <input checked="" type="checkbox"/> Local government |
| 07 <input type="checkbox"/> Financial institutions and insurance | 15 <input checked="" 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.

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

12. LOBBYIST'S SIGNATURE

DATE

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

DATE

Nicolette Bailly

1-23-19

(X) [Signature]