

PUBLIC DISCLOSURE COMMISSION <b>711 CAPITOL WAY RM 206</b> <b>PO BOX 40908</b> <b>OLYMPIA WA 98504-0908</b> <b>(360) 753-1111</b> <b>TOLL FREE 1-877-801-2929</b>			<b>LOBBYIST REGISTRATION</b>	<b>L1</b> (12/14)	THIS SPACE FOR OFFICE USE <b>DATE FILED PDC</b>  <b>JAN 22 2019</b>																						
1. Lobbyist Name  <b>Mike Hoover Public Affairs, LLC</b> Permanent Business Address  <b>123 Germaine Drive</b>  City State Zip <b>Chehalis WA 98532-8600</b>		Business Telephone Numbers  Permanent ( )  Temporary ( )  Cell Phone (360) 561-6853 or Pager																									
2. Temporary Thurston County address during legislative session <b>N/A</b>		E-Mail Address <b>mike@hooverpa.com</b>																									
3. Employer's name and address (person or group for which you lobby)  <b>Daniella Clark, P.O. Box 412, Pullman, WA 99163</b>		Employer's occupation, business or description of purpose of organization  <b>Individual</b>																									
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.)  <b>Daniella Clark, P.O. Box 412, Pullman, WA 99163</b>		E-Mail Address <b>daniellaclarkphd@gmail.com</b>																									
5. What is your pay (compensation) for lobbying?  <b>\$ 0 pro bono</b> (hour, day, month, year)  Other: Explain:		Description of employment (check one or more boxes)  <input type="checkbox"/> Full time employee <input type="checkbox"/> Part time or temporary employee <input checked="" type="checkbox"/> Contractor, retainer or similar agreement <input type="checkbox"/> Unsalaries 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 type="checkbox"/> Yes: I am reimbursed for expenses. <input checked="" type="checkbox"/> No: I am not reimbursed for expenses.		Does employer pay any of your lobbying expenses directly? If yes, explain which ones.  <b>No</b>																									
7. How long do you expect to lobby for this organization?  <input type="checkbox"/> Permanent lobbyist <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes. However, no member or funder has paid, pays, or is expected to pay over \$1,450. <input type="checkbox"/> 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 checked="" type="checkbox"/> No <input type="checkbox"/> 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.)  <b>Mike Hoover</b>																											
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%; border: none;"> <table style="width: 100%; border: none;"> <tr><td style="width: 50%;">CODE SUBJECT</td><td style="width: 50%;">CODE SUBJECT</td></tr> <tr><td>01 <input type="checkbox"/> Agriculture</td><td>09 <input checked="" type="checkbox"/> Health Care</td></tr> <tr><td>02 <input type="checkbox"/> Business and consumer affairs</td><td>10 <input type="checkbox"/> Higher education</td></tr> <tr><td>03 <input type="checkbox"/> Constitutions and elections</td><td>11 <input type="checkbox"/> Human services</td></tr> <tr><td>04 <input checked="" type="checkbox"/> Education</td><td>12 <input type="checkbox"/> Labor</td></tr> <tr><td>05 <input type="checkbox"/> Energy and utilities</td><td>13 <input type="checkbox"/> Law and justice</td></tr> <tr><td>06 <input type="checkbox"/> Environmental affairs - natural resources - parks</td><td>14 <input checked="" type="checkbox"/> Local government</td></tr> <tr><td>07 <input type="checkbox"/> Financial institutions and insurance</td><td>15 <input checked="" type="checkbox"/> State government</td></tr> <tr><td>08 <input checked="" type="checkbox"/> Fiscal</td><td>16 <input type="checkbox"/> Technology</td></tr> <tr><td></td><td>17 <input type="checkbox"/> Transportation</td></tr> <tr><td></td><td>18 <input checked="" type="checkbox"/> Other - Specify</td></tr> <tr><td></td><td style="padding-left: 20px;">Traumatic Brain Injury (TBI)</td></tr> </table> </td> <td style="width: 50%; border: none;">           Remarks:         </td> </tr> </table>		<table style="width: 100%; border: none;"> <tr><td style="width: 50%;">CODE SUBJECT</td><td style="width: 50%;">CODE SUBJECT</td></tr> <tr><td>01 <input type="checkbox"/> Agriculture</td><td>09 <input checked="" type="checkbox"/> Health Care</td></tr> <tr><td>02 <input type="checkbox"/> Business and consumer affairs</td><td>10 <input type="checkbox"/> Higher education</td></tr> <tr><td>03 <input type="checkbox"/> Constitutions and elections</td><td>11 <input type="checkbox"/> Human services</td></tr> <tr><td>04 <input checked="" type="checkbox"/> Education</td><td>12 <input type="checkbox"/> Labor</td></tr> <tr><td>05 <input type="checkbox"/> Energy and utilities</td><td>13 <input type="checkbox"/> Law and justice</td></tr> <tr><td>06 <input type="checkbox"/> Environmental affairs - natural resources - parks</td><td>14 <input checked="" type="checkbox"/> Local government</td></tr> <tr><td>07 <input type="checkbox"/> Financial institutions and insurance</td><td>15 <input checked="" type="checkbox"/> State government</td></tr> <tr><td>08 <input checked="" type="checkbox"/> Fiscal</td><td>16 <input type="checkbox"/> Technology</td></tr> <tr><td></td><td>17 <input type="checkbox"/> Transportation</td></tr> <tr><td></td><td>18 <input checked="" type="checkbox"/> Other - Specify</td></tr> <tr><td></td><td style="padding-left: 20px;">Traumatic Brain Injury (TBI)</td></tr> </table>	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 type="checkbox"/> Human services	04 <input checked="" type="checkbox"/> Education	12 <input type="checkbox"/> Labor	05 <input type="checkbox"/> Energy and utilities	13 <input 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 checked="" type="checkbox"/> Fiscal	16 <input type="checkbox"/> Technology		17 <input type="checkbox"/> Transportation		18 <input checked="" type="checkbox"/> Other - Specify		Traumatic Brain Injury (TBI)	Remarks:
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<b>CERTIFICATION:</b> I hereby certify that the above is a true, complete and correct statement.		<b>EMPLOYER'S AUTHORIZATION:</b> Confirming the employment authority to lobby described in this registration statement.																									
12. LOBBYIST'S SIGNATURE 		EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE  <b>Daniella Clark</b>																									