

**LOBBYIST REGISTRATION**

**L1**  
(12/14)

THIS SPACE FOR OFFICE USE

**RECEIVED**

**JAN 24 2019**

**Public Disclosure Commission**

1. Lobbyist Name  
Stuart A. Halsan

Permanent Business Address  
P.O. Box 1049

City: Centralia State: WA Zip: 98531

Business Telephone Numbers  
Permanent ( )  
Temporary ( )  
Cell Phone (360) 561-1835 or Pager

2. Temporary Thurston County address during legislative session  
Same  
E-Mail Address: stuhalsan@localaccess.com

3. Employer's name and address (person or group for which you lobby)  
Rite Aid Corporation  
P.O. Box 3165, Harrisburg, PA 17105  
Employer's occupation, business or description of purpose of organization: Drug Store Chain

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.)  
Jermaine Smith, Sr. Director, Same address  
E-Mail Address: mpodgurski@riteaid.com

5. What is your pay (compensation) for lobbying?  
\$ 54,000.00 per Year (hour, day, month, year)  
Other: Explain: Payable at \$4,500.00 per month  
Description of employment (check one or more boxes)  
 Full time employee  Sole duty is lobbying  
 Part time or temporary employee  Lobbying is only a part of other duties  
 Contractor, retainer or similar agreement  
 Unsalariated officer or member of group

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.)  
N/A

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 checked="" 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 checked="" type="checkbox"/> Labor
05 <input type="checkbox"/> Energy and utilities	13 <input checked="" type="checkbox"/> Law and justice
06 <input checked="" 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 checked="" 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.

12. LOBBYIST'S SIGNATURE: *Stuart A. Halsan* DATE: 1-15-19

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

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE: *Jermaine Smith Sr. Director* DATE: 1/11/19