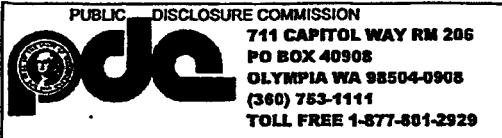


Longview 2017-2018



LOBBYIST REGISTRATION

L1
(12/14)

THIS SPACE FOR OFFICE USE
DATE FILED PDC
DEC 15 2016

1. Lobbyist Name
Mark O. Brown

Permanent Business Address
4627 Prestwick Lane SE

City: **Lacey** State: **WA** Zip: **98513**

Business Telephone Numbers
Permanent (360) 790-4427
Temporary ()
Cell Phone () or Pager

2. Temporary Thurston County address during legislative session

E-Mail Address
markobrown@comcast.net

3. Employer's name and address (person or group for which you lobby)
City of Longview, City Hall, Longview, WA

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

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.)
**Tammi Edwards, City of Longview
PO Box 128, Longview, WA 98632**

E-Mail Address
tammi.edwards@ci.longview.wa.us

5. What is your pay (compensation) for lobbying?
\$ 2000 or \$4000 per X month
(hour, day, month, year)
Other: Explain: \$200 per month non session months; \$4000 per month for months when Legislature is in session

Description of employment (check one or more boxes)
 Full time employee
 Part time or temporary employee
 Contractor, retainer or similar agreement
 Unsalairied 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.
no

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.)
Jennifer Ziegler will work for Mark Brown on behalf of the City of Longview

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 checked="" type="checkbox"/>	Higher education
03 <input type="checkbox"/>	Constitutions and elections	11 <input checked="" type="checkbox"/>	Human services
04 <input checked="" type="checkbox"/>	Education	12 <input checked="" type="checkbox"/>	Labor
05 <input checked="" 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 checked="" type="checkbox"/>	Financial institutions and insurance	15 <input type="checkbox"/>	State government
08 <input checked="" type="checkbox"/>	Fiscal	16 <input checked="" type="checkbox"/>	Technology
		17 <input checked="" 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
Mark O. Brown
DATE: **12/19/2016**

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE
David M. Campbell
DATE: **12-12-16**