PUBLIC DISCLOSURE COMMISSION
711 CAPITOL
PO BOX 4090
OLYMPIA WA
(360) 753-111

711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111

## **LOBBYIST REGISTRATION**

L1

THIS SPACE FOR OFFICE USE DATE FILED FDC

DEC 15 2016

TOLL PREE 1-077-001-2525		TEC 13 TOIL
1. Lobbyist Name		
Mark O. Brown	,	
Permanent Business Address		Business Telephone Numbers
4627 Prestwick Lane SE		Permanent (360)790-4427
, , , , , , , , , , , , , , , , , , ,		Temporary ( )
City State	Zip	Cell Phone (370) 790-4427
Lacey WA	98513	or Pager
2. Temporary Thurston County address during legislative session		E-Mail Address markobrown@comcast.net
Employer's name and address (person or group for which you lobby)     City of Ridgefield, Ridgefield City Hall, Ridgefield, 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 d	ocuments which substantiate	E-Mail Address
lobbyist reports. (Person responsible for producing the lobbyist employer's annual L-3 report.)		
Julie Basarab, City Managers Office, City Hall, Ridgefield, WA	· •	julie.basarab@ci.ridgefield.wa.us
5. What is your pay (compensation) for lobbying?	Description of employment (check one	or more boxes)
\$ permonth	☐ Full time employee	XX Sole duty is lobbying
(hour, day, month, year) Other: Explain: \$1500/mo non session months; \$3000/month for months when Legislature is in session	☐ Part time or temporary employee ☐ Contractor, retainer or similar agree ☐ Unsalaried officer or member of gro	
6. Are you reimbursed for lobbying expenses? Explain which expenses.	Does employer pay any of your lobbying	g expenses directly?
☐ Yes: \$ per	If yes, explain which ones.	
☐ Yes: I am reimbursed for expenses.	no	
XX No: I am not reimbursed for expenses.		
7. How long do you expect to lobby for this organization?		
XX Permanent lobbyist		
8. Is your employer a business or trade association or organization which lobbies on be associations, or organizations? If "yes," attach a list showing the name and address of each the past two years or is expected to pay over \$1,450 this year.		
XX 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		
<ol> <li>Does your employer have a connected, related or closely affiliated political action co to fund raising events? If so, list the name of that political action committee.</li> </ol>	mmittee which will provide funds for you t	to make political contributions including purchase tickets
XX 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-		
<ol> <li>If lobbyist is a company, partnership or similar business entity which employs others 143 and 144 for instructions.)</li> </ol>	to perform actual lobbying duties, list nar	ne or each person who will lobby. (See WAC 390-20-
11. Areas of interest. Lobbying is most frequent before legislative committee members	Remarks:	
or state agencies concerned with following subjects:		
CODE SUBJECT CODE SUBJECT		
01 ☐ Agriculture 09 XX☐ Health Care 02 ☐ Business and consumer affairs 10 XX☐ Higher education		
03 Constitutions and elections 11 XX Human services		
04 XX ☐ Education 12 XX ☐ Labor 05 XX ☐ Energy and utilities 13 XX ☐ Law and justice		
06 XX ☐ Environmental affairs - natural 14XX ☐ Local government resources - parks 15 ☐ State government		
07 XX ☐ Financial institutions and 16 XX ☐ Technology		
insurance 17 XX ☐ Transportation 08 XX ☐ Fiscal 18 ☐ Other - Specify:		
CERTIFICATION: I hereby certify that the above is a true, complete and correct statement.	EMPLOYER'S AUTHORIZATION: in this registration statement.	Confirming the employment authority to lobby described
12. POBBYIST'S SIGNATURE DATE	EMPLOYER'S SIGNATURE, NAME 1	TYPED OR PRINTED, AND TITLE PATE
VVVV 12/12/16	FT Steps Store	=+ (# Marie 12/13/16