

# LOBBYIST REGISTRATION

L1

(12/14)

THIS SPACE FOR OFFICE USE

DATE FILED PDC

DEC 15 2016

1. Lobbyist Name  
**JAMES MOSCHELLA**

Permanent Business Address  
 Graduate and Professional Student Senate, University of Washington  
 4001 NE Stevens Way  
 HUB 314, Box 352238  
 Seattle WA 98115

City State Zip

Business Telephone Numbers  
 Permanent ( 206 ) 543-8576  
 Temporary ( )  
 Cell Phone ( 617 ) 905-4171  
 or Pager

2. Temporary Thurston County address during legislative session  
 304 Foote Street NW  
 Olympia, WA 98502

E-Mail Address  
**gpssvpex@uw.edu**

3. Employer's name and address (person or group for which you lobby)  
 Graduate and Professional Student Senate  
 University of Washington  
 4001 NE Stevens Way  
 HUB 314, Box 352238  
 Seattle, WA 98112

Employer's occupation, business or description of purpose of organization  
**Graduate Student Government**

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.)  
**Elloise (Soh-Yeun) Kim & Rene Singleton**

E-Mail Address  
**gpsspres@uw.edu**  
**sniglet@uw.edu**

5. What is your pay (compensation) for lobbying?  
 \$ 23,052 per year  
 (hour, day, month, year)  
 Other: Explain:

Description of employment (check one or more boxes)

<input type="checkbox"/> Full time employee	<input type="checkbox"/> Sole duty is lobbying
<input checked="" type="checkbox"/> Part time or temporary employee	<input type="checkbox"/> Lobbying is only a part of other duties
<input type="checkbox"/> Contractor, retainer or similar agreement	
<input type="checkbox"/> Unsalariated officer or member of group	

6. Are you reimbursed for lobbying expenses? Explain which expenses.  
 Yes: \$ \_\_\_\_\_ per \_\_\_\_\_  
 Yes: I am reimbursed for expenses. (Transportation Mileage)  
 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:

CODE SUBJECT	CODE SUBJECT
01 <input type="checkbox"/> Agriculture	09 <input 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 type="checkbox"/> Human services
04 <input 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 type="checkbox"/> Local government
07 <input type="checkbox"/> Financial institutions and insurance	15 <input 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  
      12/14/16

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE      DATE  
      12/14/16