

LOBBYIST REGISTRATION

THIS SPACE FOR OFFICE USE
L1 DATE FILED PDC
 (12/14)
OCT 11 2016

1. Lobbyist Name
 Gordon Thomas Honeywell Governmental Affairs

Business Telephone Numbers
 Permanent (253) 620-6639
 Temporary ()
 Cell Phone ()
 or Pager

Permanent Business Address
 1201 Pacific Avenue Suite 2100

City State Zip
 Tacoma WA 98401

2. Temporary Thurston County address during legislative session
 N/A

E-Mail Address
 tims@gth-gov.com

3. Employer's name and address (person or group for which you lobby)
 Motorola Solutions, Inc. Attn: Paul Newman, Manager – Government Affairs
 224 South Michigan Avenue, 7th FLOOR
 Chicago, IL 60604

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

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.)
 Hallee Sanders
 1201 Pacific Avenue, Suite 2100 Tacoma, WA 98401

E-Mail Address
 hsanders@gth-gov.com

5. What is your pay (compensation) for lobbying?
 \$ 5,500.00 per month
 (hour, day, month, year)
 Other: Explain:

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.
 n/a

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.)
 Tim Schellberg

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 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 checked="" 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 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
 DATE
 10/11/16

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE DATE
 Paul Newman, Manager – Local Government Relations  10/11/16