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

LOBBYIST REGISTRATION

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DATHIS SPACE FOR OFFICE USE

| | (360) 753-1111 TOLL FREE 1-877-601-2828 | | | (12/03) | DEC 1 2 2016 | |
|--|--|---|--|--|------------------------------|--|
| 1. Lobbyist | Name | | | Business Tele | phone Numbers | |
| Michael Groesch | | | | Permanent (| 360) 280-7187 | |
| Permane | ent Business Address | | | Temporary (|) | |
| 120 | State Ave NE #294 | | | Cell Phone (360) 280-7187 or Pager | | |
| City | | State | Zıp | E-Mail Address | \$ | |
| | Olympia WA | | 98501 | michael.groesch@comcast.net | | |
| 2. Temporary Thurston County address during legislative session | | | | Employer's occupation, business or description of purpose of organization | | |
| East | r's name and address (person or group for whern Washington State Historical W First Avenue, Spokane, WA | | State agency/museum for historical preservation | | | |
| | Name and address of person having custody of accounts, receipts, books or other documents which substantiate E-Mail Address lobbyist reports. (Person responsible for producing the annual L3 report) | | | | | |
| Tri | Tricia Finch tricia finch@northwestmuseum.org 2316 W First Avenue, Spokane, WA 99201-5906 | | | | | |
| | | | Description of employment (check one | or more boxes) | | |
| | | | ☐ Full time employee ☐ Part time or temporary employee X Contractor, retainer or similar agree ☐ Unsalaried officer or member of gro | | | |
| | | | Does employer pay any of your lobbyin If yes, explain which ones. | g expenses dire | ctly? | |
| Yes: \$ per Yes: I am reimbursed for expenses. X No: I am not reimbursed for expenses. | | | ii yes, explain which ones. | | | |
| 7. How long do you expect to lobby for this organization? | | | | | | |
| Permanent lobbyist X Only dunng legislative session Other, Explain: | | | | | | |
| 8. Is your employer a business or trade association or similar organization which lobbies on behalf of its members? If "yes," attach a list showing the name and address of each member who has paid the association fees, dues or other payments over \$500 during either of the past two years or is expected to pay over \$500 this year. X No | | | | | | |
| 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 X. 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.) | | | | | | |
| | interest. Lobbying is most frequent before legitate agencies concerned with following subjections. | | Remarks: | - | | |
| CODE 01 | | SUBJECT Higher education Human services Labor Law and justice Local government State government Transportation Other Specify: | | | | |
| 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. | | | |
| LOBBYIS MU | t's signature | DATE 12/12/2016 | Smilt M. Cany | TIMOTHY | THE DATE OF CARNEY 9 DECIDIO | |