

LOBBYIST REGISTRATION

L1
(12/14)

THIS SPACE FOR OFFICE USE
DATE FILED PDC
 DEC 19 2016

1. Lobbyist Name
 Rob Makin Consulting

Permanent Business Address
 1940 5th Avenue West

City State Zip
 Seattle WA 98119

Business Telephone Numbers
 Permanent (206) 282.5700
 Temporary ()
 Cell Phone () or Pager

2. Temporary Thurston County address during legislative session

E-Mail Address
 rob@rgmakin.com

3. Employer's name and address (person or group for which you lobby)
 Unified Grocers
 ATTN: Mary Kasper
 5200 Sheila Street
 Commerce, CA 90040

Employer's occupation, business or description of purpose of organization
 Grocery Wholesaler

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.)
 Mary Kasper

E-Mail Address
 sandonian@unifiedgrocers.com

5. What is your pay (compensation) for lobbying?
 \$ 3,000 per month
 (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 type="checkbox"/> Part time or temporary employee	<input checked="" type="checkbox"/> Lobbying is only a part of other duties
<input checked="" type="checkbox"/> Contractor, retainer or similar agreement	
<input type="checkbox"/> Unsalaries 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.

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 (excluding individuals) who has paid fees, dues or other payments over \$500 during either of the past two years or is expected to pay over \$500 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.)
 Rob Makin; Pierce Consulting Services, LLC (Cindi Holmstrom)

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 checked="" 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 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 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
Rob Makin
 DATE
 12/19/16

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE
Mary Kasper
 Mary Kasper, SVP, General Counsel
 DATE
 11-16-16