

# LOBBYIST REGISTRATION

**L1**  
(12/14)

THIS SPACE FOR OFFICE USE  
 DATE FILED PDC  
 OCT 21 2016

1. Lobbyist Name  
 John Lane

Permanent Business Address  
 510 Plum Street SE, Suite 200

City Olympia State WA Zip 98501

Business Telephone Numbers  
 Permanent (360) 956-7279  
 Temporary ( )  
 Cell Phone (360) 688-3136  
 or Pager

2. Temporary Thurston County address during legislative session

E-Mail Address  
 johnl@wahospitality.org

3. Employer's name and address (person or group for which you lobby)  
 Washington Hospitality Association  
 510 Plum Street SE, Suite 200  
 Olympia, WA 98501

Employer's occupation, business or description of purpose of organization  
 Trade Association

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.)  
 Teran Haase; Washington Hospitality Association; 510 Plum Street SE, Suite 200; [ Olympia, WA 98501

E-Mail Address  
 teranh@wahospitality.org

5. What is your pay (compensation) for lobbying?  
 \$ 177 per mo. (hour, day, month, year)  
 Other: Explain:

Description of employment (check one or more boxes)  
 Full time employee  
 Part time or temporary employee  
 Contractor, retainer or similar agreement  
 Unsalaries officer or member of group  
 Sole duty is lobbying  
 Lobbying is only a part of other duties

6. Are you reimbursed for lobbying expenses? Explain which expenses.  
 Yes: \$ per mo.  
 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.  
 NO

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 See L1 for Julia Gorton

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: Washington Hospitality Association PAC

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.)  
 Bruce Beckett, Denny Eliason, Kim Clauson, Morgan Hickel, Julia Gorton, Marian Ericks

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 checked="" 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 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 10/15/16

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE DATE  
  
 Teran L Petunia VP/ COO 10/21/16