PUBLICDISCLOSUF	RE COMMISSION
	711 CAPITOL WAY RM 200
	PO BOX 40908
	OLYMPIA WA 98504-0908
	(360) 753-1111
	TOLL FREE 1-877-601-292

THIS SPACE FOR OFFICE USE

OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2929	LOBBYIST	REGISTRATION	(12/14)	DEC 19 2016
1. Lobbyist Name				DEC 19 7010
Stauffacher Communications				
Permanent Business Address	Permanent Business Address		Business Telephone Numbers	
7009 53 rd Street West			Permanent (253) 566-1284	
		Temporary ()		
City	State	Zip	Cell Phone ((253) 209-4301
University Place	WA	98467	or Pager	
2. Temporary Thurston County address during legislative	Temporary Thurston County address during legislative session		E-Mail Address gocougs@billstauffacher.com	
3. Employer's name and address (person or group for which you lobby) Broadway Center for the Performing Arts Attn: Mr. David Fischer 901 Broadway, Suite 700, Tacoma, WA 98402		Employer's occupation, business or description of purpose of organization Non profit organization		
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.)		E-Mail Address		
Heather Clarke – 3400 Capitol Blvd SE, Suite 202, Tumwater, WA 98501		heather@clarkecompany.net		
5. What is your pay (compensation) for lobbying? Description of employment (check one			or more boxes)	
\$ 15,000.00 2016-July 31, 2017 (hour, day, month, year)	\$ 15,000.00 Full time employee			☑ Sole duty is lobbying☑ Lobbying is only a part
Other: Explain:		☐ Part time or temporary employee☒ Contractor, retainer or similar agree	ement	of other duties
		Unsalaried officer or member of gro		ooth 2
Are you reimbursed for lobbying expenses? Explain w Yes: \$ per	5. Are you reimbursed for lobbying expenses? Explain which expenses. Does employer pay any of your lobbying lf yes, explain which ones.		g expenses un	Soay i
Yes: I am reimbursed for expenses.		NO	NO	
No: I am not reimbursed for expenses.				
7. How long do you expect to lobby for this organization?		M Other Evolain: Durat	ion of Contract	
Permanent lobbyist Only during legislative session Other, Explain: Duration of Contract 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 entire 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-				
10. If lobbyist is a company, partnership or similar business entity which employs others to perform actual lobbying duties, list harme or each person who will business entity which employs others to perform actual lobbying duties, list harme or each person who will be seen a second person who will be seen as a second person who wi				
Areas of interest. Lobbying is most frequent before legor state agencies concerned with following subjects:	gislative committee members	Remarks:		
1 002 000000	E SUBJECT Health Care			
02 ☑ Business and consumer affairs 10 ☐	Higher education			
04 Education 12	Labor			
05 Energy and utilities 13 C C C C C C C C C C C C C C C C C C	Local government			
resources - parks 15 🗆 07 🔲 Financial institutions and 16 🖂	Technology			
insurance 17 ☐ 08 ☑ Fiscal 18 ☐				
GERTIFICATION : I hereby certify that the above is a statement.	true, complete and correct	in this registration statement.		e employment authority to lobby described
12. LOBBYIST'S SIGNATURE DATE EMPLOYER'S SIGNATURE NAME YPED OR PRINTED, AND TITLE DATE				
1) Swoth ham	11/1/16	Mr. David Fischer, Executive Director		
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