

LOBBYIST REGISTRATION

THIS SPACE FOR OFFICE USE
L1
 (12/03)
DEC 22 2016

1. Lobbyist Name
Capitol Solutions

Permanent Business Address
4101 Banbridge Loop SE

City: **Olympia** State: **WA** Zip: **98501**

Business Telephone Numbers
 Permanent ()
 Temporary ()
 Cell Phone (360) **600-8306**
 or Pager

E-Mail Address
marciafromhold@comcast.net

2. Temporary Thurston County address during legislative session

3. Employer's name and address (person or group for which you lobby)
Schools Insurance Association of Washington
451 Diamond Drive, Ephrata, WA 98823

Employer's occupation, business or description of purpose of organization
Public entity insurance pools for school districts

4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports. (Person responsible for producing the annual L3 report)
Jan Hutton David McVicker
451 Diamond Drive, Ephrata, WA 98223

E-Mail Address
DavidM@CKschools.org
jhutton@evsd.org

6. What is your pay (compensation) for lobbying?
\$ 1291.87 per month
 (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
 Unsalariated 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 _____
 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 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.
 No
 Yes. However, no member has paid, pays, or is expected to pay over \$500.
 Yes. The list is 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.)
Marcia Fromhold

11. Areas of Interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:

01 <input type="checkbox"/> Agriculture	09 <input type="checkbox"/> Higher education
02 <input type="checkbox"/> Business and consumer affairs	10 <input type="checkbox"/> Human services
03 <input type="checkbox"/> Constitutions and elections	11 <input type="checkbox"/> Labor
04 <input type="checkbox"/> Education	12 <input checked="" type="checkbox"/> Law and justice
05 <input type="checkbox"/> Energy and utilities	13 <input type="checkbox"/> Local government
06 <input type="checkbox"/> Environmental affairs - natural resources - parks	14 <input checked="" type="checkbox"/> State government
07 <input checked="" type="checkbox"/> Financial institutions and insurance	15 <input type="checkbox"/> Transportation
08 <input type="checkbox"/> Fiscal	16 <input type="checkbox"/> Other - Specify:

Remarks:

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement.

12. LOBBYIST'S SIGNATURE: **Marcia Fromhold** DATE: **12/1/16**

EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described in this registration statement.

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE: **David McVicker, Board Chairman** DATE: **12/21/2016**