

LOBBYIST REGISTRATION

THIS SPACE FOR OFFICE USE

L1

(12/14)

1. Lobbyist Name
Boswell Consulting

PO Box 9431

City: **Seattle** State: **WA** Zip: **98019**

Business Telephone Numbers
 Permanent (206) 300-6270
 Temporary ()
 Cell Phone () or Pager

2. Temporary Thurston County address during legislative session

E-Mail Address
 michener.david@gmail.com

3. Employer's name and address (person or group for which you lobby)
D MICHENER & CO INC*

Employer's occupation, business or description of purpose of organization
 Consultant

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)
David Michener
PO BOX 12419
OLYMPIA, WA 98508

E-Mail Address
 michener.david@gmail.com

5. What is your pay (compensation) for lobbying?
 \$ 1.00 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 type="checkbox"/> Contractor, retainer or similar agreement	
<input type="checkbox"/> Unsalariated 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: **Subcontract**

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.

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.)
Brad Boswell

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

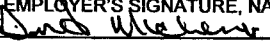
CODE SUBJECT	CODE SUBJECT
01 <input type="checkbox"/> Agriculture	09 <input checked="" type="checkbox"/> Health Care
02 <input type="checkbox"/> Business and consumer affairs	10 <input type="checkbox"/> Higher education
03 <input type="checkbox"/> Constitutions and elections	11 <input type="checkbox"/> 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 type="checkbox"/> Local government
07 <input type="checkbox"/> Financial institutions and insurance	15 <input type="checkbox"/> State government
08 <input type="checkbox"/> Fiscal	16 <input type="checkbox"/> Technology
	17 <input type="checkbox"/> Transportation
	18 <input type="checkbox"/> Other - Specify:

Remarks:
 Subcontract for the following clients:
PEACE HEALTH SW MEDICAL CENTER
PORT OF KALAMA (D MICHENER & CO INC*)

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 1/17/17

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE DATE
 **David Michener CEO** 1/16/17