

**LOBBYIST REGISTRATION**

**L1**  
(12/14)

THIS SPACE FOR OFFICE USE

DATE FILED PDC

JAN 24 2017

1. Lobbyist Name  
Alex Hur

Permanent Business Address  
1752 NW Market St #708

City: Seattle State: WA Zip: 98107

Business Telephone Numbers  
Permanent ( )  
Temporary ( )  
Cell Phone ( 206 ) 795-8047 or Pager

2. Temporary Thurston County address during legislative session  
None

E-Mail Address  
AlexH55@gmail.com

3. Employer's name and address (person or group for which you lobby)  
Capitol Solutions

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

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.)  
Marcia Fromhold, 4101 Banbridge Loop SE, Olympia WA 98501

E-Mail Address  
marciafromhold@capitolsolutions.onmicrosoft.com

5. What is your pay (compensation) for lobbying?  
\$ 5790 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.  
No

7. How long do you expect to lobby for this organization?  
 Permanent lobbyist  
 Only during legislative session  
 Other, Explain: Through end 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 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

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.)

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 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 checked="" 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 checked="" type="checkbox"/>	Financial institutions and insurance	15 <input 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:  
Subcontract for lobbying services for the following clients:  
 Cities Insurance Association of Washington  
 Schools Insurance Association of Washington  
 Washington Rural Counties Insurance Program  
 United Schools Insurance Program (Canfield and Associates - third party administrator)  
 Evergreen Public Schools (Vancouver, Evergreen and ESD 112)

**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: 1/1/17

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE  
  
DATE: 1/1/17