

**LOBBYIST REGISTRATION**

**L1**  
(12/14)

THIS SPACE FOR OFFICE USE  
**DATE FILED PDC**  
**JAN 27 2017**

1. Lobbyist Name  
 Dan Youmans

Permanent Business Address  
 P.O. Box 50844

City State Zip  
 Bellevue WA 98015

Business Telephone Numbers  
 Permanent ( )  
 Temporary ( )  
 Cell Phone ( 425 )974-5156  
 or Pager

2. Temporary Thurston County address during legislative session  
 N/A

E-Mail Address  
 Danyoumans19@gmail.com

3. Employer's name and address (person or group for which you lobby)  
 Next Step Archery  
 22313 - 70th Ave. W. Suite U1A  
 Mountlake Terrace, WA 98043

Employer's occupation, business or description of purpose of organization  
 Archery Education

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.)  
 Darrin Barry

darrin@nextsteparchery.com

5. What is your pay (compensation) for lobbying?  
 \$ 50 per hour  
 (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.

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

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.) N/A

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 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 checked="" type="checkbox"/> Other - Specify: |

Remarks  
 Sports and recreation

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  
 Dan Youmans 1/9/17

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE DATE  
 DARRIN BARRY GM 1/9