

LOBBYIST REGISTRATION

L1
(12/14)

THIS SPACE FOR OFFICE USE

DATE FILED PDC

FEB 01 2017

1. Lobbyist Name

Ron Main

Permanent Business Address

216 First Ave. So. Suite 435

City

Seattle

State

WA

Zip

98104

Business Telephone Numbers

Permanent ((206) 619 1492)

Temporary ()

Cell Phone ((206) 619 1492)
or Pager

2. Temporary Thurston County address during legislative session

E-Mail Address

Rmain@broadbandwashington.org

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

Providence Health and Services
1801 LIND AVE SW
RENTON WA

Employer's occupation, business or description of purpose of organization
Higher Education and Research

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.)

Kristen Federici
1801 LIND AVE SW
RENTON WA 985

E-Mail Address

5. What is your pay (compensation) for lobbying?

\$ 5000 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
 Unsalaries 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 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:

- | | |
|---|---|
| 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 checked="" 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:

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

Ron Main
Kristen Federici 1/9/17

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE DATE

Kristen Federici 1/9/17