

LOBBYIST REGISTRATION

THIS SPACE FOR OFFICE USE

L1
(12/14)

DATE FILED PDC

FEB 01 2017

1. Lobbyist Name
Edlira Kuka

Permanent Business Address
505 5th Ave South, Suite 900

City State Zip
Seattle WA 98104

Business Telephone Numbers
Permanent (206) 342-2847
Temporary ()
Cell Phone (206) 351-4083
or Pager

2 Temporary Thurston County address during legislative session

E-Mail Address
edlira@vulcan.com

3. Employer's name and address (person or group for which you lobby)
**Vulcan, Inc.
ATTN: Barbara Wilson
505 5th Avenue South, Suite 900
Seattle, WA 98101**

Employer's occupation, business or description of purpose of organization
Commerce, Development

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.)
Barbara Wilson

E-Mail Address
barbw@vulcan.com

5. What is your pay (compensation) for lobbying?
\$ 2000 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:

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 pages 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.)
Pierce Consulting Service, LLC (Cindi Holmstrom); Barb Wilson, Vulcan

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 checked="" 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 checked="" type="checkbox"/> Energy and utilities | 13 <input type="checkbox"/> Law and justice |
| 06 <input checked="" type="checkbox"/> Environmental affairs - natural resources - parks | 14 <input checked="" type="checkbox"/> Local government |
| 07 <input type="checkbox"/> Financial institutions and insurance | 15 <input checked="" type="checkbox"/> State government |
| 08 <input type="checkbox"/> Fiscal | 16 <input type="checkbox"/> Technology |
| | 17 <input checked="" 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
[Signature]

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE
[Signature]
DATE **1/9/17**