

LOBBYIST REGISTRATION

DATE FILED FOR PUBLIC DISCLOSURE
L1
(12/03)
FEB 01 2017

1. Lobbyist Name
Ross C. Baker

Permanent Business Address
**Mail Stop: D1 – PR;
P.O. Box 900**

City **Seattle** State **WA** Zip **98111**

Business Telephone Numbers
Permanent Cell (206) 399-4481
Temporary ()
Cell Phone (206) 550-1094
or Pager

E-Mail Address
ross.baker@virginiamason.org

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

3. Employer's name and address (person or group for which you lobby)
**Virginia Mason Medical Center
Mail Stop: ADM-G1, P.O. Box 900, Seattle WA 98111**

Employer's occupation, business or description of purpose of organization
Hospital and auxiliary clinics providing health and behavioral care, medical, clinical and dental services. Also perform scientific research, conduct medical education and operate Bailey-Boushavy House.

4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports. (Person responsible for producing the annual L3 report)
Kathleen G. Paul, Mail Stop GB-ADM, P.O. Box 900, Seattle, WA 98111 kathleen.paul@virginiamason.org

5. What is your pay (compensation) for lobbying?
\$ 5,200 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 similar organization which lobbies on behalf of its members? If "yes," attach a list showing the name and address of each member who has paid the association fees, dues or other payments over \$500 during either of the past two years or is expected to pay over \$500 this year.
 NO Yes. However, no member has paid, pays, or is expected to pay over \$500.
 Yes. The list is 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"/> Higher education
02 <input checked="" type="checkbox"/> Business and consumer affairs	10 <input checked="" type="checkbox"/> Human services
03 <input type="checkbox"/> Constitutions and elections	11 <input type="checkbox"/> Labor
04 <input type="checkbox"/> Education	12 <input type="checkbox"/> Law and justice
05 <input type="checkbox"/> Energy and utilities	13 <input type="checkbox"/> Local government
06 <input type="checkbox"/> Environmental affairs - natural resources - parks	14 <input type="checkbox"/> State government
07 <input type="checkbox"/> Financial institutions and insurance	15 <input checked="" type="checkbox"/> Transportation
08 <input checked="" type="checkbox"/> Fiscal	16 <input checked="" type="checkbox"/> Other – Specify:

HEALTH CARE, PRACTICE OF MEDICINE, PUBLIC HEALTH, BIOMEDICAL RESEARCH, HIV/AIDS

Remarks:

NOT VALID UNLESS SIGNED BY BOTH

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

Ross C Baker 1/31/2017 *Kathleen G Paul* 1/31/2017
Kathleen G. Paul, Vice Pres., Communications & Public Policy