

**LOBBYIST REGISTRATION**

**L1**  
(12/14)

THIS SPACE FOR OFFICE USE

DATE FILED PDC

FEB 08 2017

1. Lobbyist Name  
Conner Edwards

Permanent Business Address 1510A 20 <sup>th</sup> Ave SE	Business Telephone Numbers Permanent ( 425-533-1677 ) Temporary ( )
City Olympia State WA Zip 98506	Cell Phone ( 425-533-1677 ) or Pager

2. Temporary Thurston County address during legislative session

E-Mail Address  
CG.Edwards53@gmail.com

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

Employer's occupation, business or description of purpose of organization  
Lobbying for Legislative Agenda for City of Des Moines.

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)  
Vicki Sheckler

E-Mail Address  
VSheckler@desmoineswa.gov

5. What is your pay (compensation) for lobbying? \$ 2200 per Month (hour, day, month, year) Other: Explain:	Description of employment (check one or more boxes) <input type="checkbox"/> Full time employee <input type="checkbox"/> Part time or temporary employee <input checked="" type="checkbox"/> Contractor, retainer or similar agreement <input type="checkbox"/> Unsalairied officer or member of group <input type="checkbox"/> Sole duty is lobbying <input type="checkbox"/> Lobbying is only a part of other duties
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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: Contract runs until June.

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 01 <input type="checkbox"/> Agriculture 02 <input type="checkbox"/> Business and consumer affairs 03 <input type="checkbox"/> Constitutions and elections 04 <input type="checkbox"/> Education 05 <input type="checkbox"/> Energy and utilities 06 <input checked="" type="checkbox"/> Environmental affairs - natural resources - parks 07 <input type="checkbox"/> Financial institutions and insurance 08 <input checked="" type="checkbox"/> Fiscal 09 <input type="checkbox"/> Health Care 10 <input type="checkbox"/> Higher education 11 <input type="checkbox"/> Human services 12 <input type="checkbox"/> Labor 13 <input type="checkbox"/> Law and justice 14 <input checked="" type="checkbox"/> Local government 15 <input checked="" type="checkbox"/> State government 16 <input type="checkbox"/> Technology 17 <input checked="" type="checkbox"/> Transportation 18 <input type="checkbox"/> Other - Specify:	Remarks:
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**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 Conner Edwards	DATE 2/3/2017	EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED AND TITLE City Manager	DATE 2/7/2017
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