PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111

LOBBYIST REGISTRATION

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THIS SPACE FOR OFFICE USE RECEIVED

(360) 753-1111 TOLL FREE 1-877-601-2929			(12/14)	FEB 1 4 2017
1. Lobbyist Name	L			7 LD 17 ZUIT
Mackenzie Chase			Public Disclosure Commission	
Permanent Business Address Mailing Address		Business Telephone Numbers		
Save the Children Action Network (SCAN) 4318 Winslow PI N #201		low PI N #201		
899 North Capitol Street NE, Suite 900 Seattle, WA 98103 Washington, D.C. 20002		A 98103	Permanent ()	
Washington, D.G. 20002		Temporary ()		
City	State	Zip	Coll Dhone	617) 913-8381
Seattle	WA	98103	or Pager	011) 913-0301
Temporary Thurston County address during legislative se N/A		E-Mail Address		
IN/A			MChase@savechildren.org	
Employer's name and address (person or group for which you lobby) Save the Children Action Network (SCAN)			Employer's occupation, business or description of purpose of organization	
899 North Capitol Street NE, Suite 900			Early Childhood Education & Maternal,	
Washington, D.C. 20002			Newborn and Child Survival	
Name and address of person having custody of accounts, receipts, books or other documents which substantiate			E-Mall Addres	20
lobbyist reports. (Person responsible for producing the lobbyist employer's annual L-3 report.)			L-Mail Addice	
Save the Children Action Network (SCAN) Attention: Sarah Beisler			SBeisler@savechildren.org	
899 North Capitol Street NE, Suite 900				
Washington, D.C. 20002				
What is your pay (compensation) for lobbying?	Description of employment (check one	or more boxes)		
\$ 29 per_hour		☑ Full time employee ☐ Sole duty is lobbying		
(hour, day, month, year)		☐ Part time or temporary employee ☐ Lobbying is only a part		
Other: Explain:	☐ Contractor, retainer or similar agreement of other duties			
	☐ Unsalarled officer or member of group			
Are you reimbursed for lobbying expenses? Explain which expenses.		Does employer pay any of your lobbying expenses directly? If yes, explain which ones.		
☐ Yes: \$ per				
 ✓ Yes: I am reimbursed for expenses. ☐ No: I am not reimbursed for expenses. 	Travel & directly associated expenses			
7. How long do you expect to lobby for this organization?				
☐ Permanent lobbyist ☐ Only during legislative session ☐ Other, Explain: full time staff, lobbying occasionally throughout the year				
8. Is your employer a business or trade association or organization which lobbles on behalf of its members or a representative entity which lobbles 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				
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 Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects: 		Remarks:		
CODE SUBJECT CODE				
.01 Agriculture 09 🔲 I	Early learning & children's issues			
	Higher education Human services			
04 ☑ Education 12 ☐ 1	Labor			
	Law and justice Local government			
resources - parks 15 🔲	State government			
	Technology Transportation			
	Other - Specify:			
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 T	YPED OR PRIN	ITED. AND TITLE DATE
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