

LOBBYIST REGISTRATION

L1
(12/14)

THIS SPACE FOR OFFICE USE

DATE FILED PDC

FEB 16 2017

1. Lobbyist Name
Strategies 360, Inc.

Permanent Business Address
1505 Westlake Ave N. Suite 1000

Business Telephone Numbers
Permanent (206) 282-1990
Temporary ()
Cell Phone ()
or Pager

City State Zip
Seattle WA 98109

2. Temporary Thurston County address during legislative session

E-Mail Address
ajd@strategies360.com

3. Employer's name and address (person or group for which you lobby)
Save the Children US Programs

Employer's occupation, business or description of purpose of organization
Making investments in children and their well-being.

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.)
Colleen Vivori

E-Mail Address
cvivori@savechildren.org

5. What is your pay (compensation) for lobbying?
\$ 1,500 2,000 per month (hour, day, month, year) (12x over a year) cv
Other: Explain:

Description of employment (check one or more boxes)
 Full time employee
 Part time or temporary employee
 Contractor, retainer or similar agreement
 Unsalairied 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.)
AJ Dotzauer, Paul Berendt

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 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 checked="" 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 checked="" 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
2/9/17

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE
Colleen S. Vivori
DATE
2-13-17