

LOBBYIST REGISTRATION

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(12/14)

THIS SPACE FOR OFFICE USE

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MAR 02 2017

Lobbyist Name
 The Nexus Group LLC
 Fred Yancey

Permanent Business Address
 1711 Camden Park Dr. SW

Business Telephone Numbers
 Permanent (360)359-1339
 Temporary ()

City Olympia **State** WA **Zip** 98512

Cell Phone
 (360)359-1339
 Or Pager

2. Temporary Thurston County address during legislative session

E-Mail Address
 fyancey@comcast.net

3. Employer's name and address (person or group for which you lobby)
 Washington State School Directors' Association
 221 College Street NE
 Olympia, WA 98516

Employer's occupation, business or description of purpose of organization
 Representation/training of school directors

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.)
 Jessica Vavrus
 221 College Street NE
 Olympia, WA 98516

E-Mail Address
 j.vavrus@wssda.org

5. What is your pay (compensation) for lobbying?
 \$1,500 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: 6 Month Contract ending August 15, 2017

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.)
 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
1 <input type="checkbox"/>	Agriculture	09 <input type="checkbox"/>	Health Care
2 <input type="checkbox"/>	Business and consumer affairs	10 <input type="checkbox"/>	Higher education
3 <input type="checkbox"/>	Constitutions and elections	11 <input type="checkbox"/>	Human services
4 <input type="checkbox"/>	Education	12 <input type="checkbox"/>	Labor
5 <input type="checkbox"/>	Energy and utilities	13 <input type="checkbox"/>	Law and justice
6 <input type="checkbox"/>	Environmental affairs - natural resources - parks	14 <input type="checkbox"/>	Local government
7 <input type="checkbox"/>	Financial institutions and insurance	15 <input type="checkbox"/>	State government
8 <input 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**
 Fred Yancey 3-2-17

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE **DATE**
 Tim Garcha / Executive Director 3/2/17