| PUBLIC DISCLOSURE COMMISSION | [| i | THIS SPACE FOR OFFICE USE |
|---|--|--|---|
| 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2929 | LOBBYIST F | REGISTRATION | L1 _{DA} TE FILED PDC |
| 1. Lobbyist Name Anderson | ^ | | MAR 03 2017 |
| Permanent Business Address 1527 Overhulse K-J | | | Business Telephone Numbers Permanent () Temporary () |
| Oly white | State " | 9850Z | Cell Phone (2018) 451-6988 or Pager |
| Temporary Thurston County address during legislative se | | | E-Mail Address with e washing to nongrotis. |
| Washington Nonglofits | Dlyn | State Ave NE, H303 VIVA, LA G8501 | Employer's occupation, business or description of purpose of organization Nonprofit Sector Association E-Mail Address |
| V | abbuiet employee's engyet l | 3 report.) 2. N.E., #303 WA (850) | marsha @ Dry Support. com |
| 5. What is your pay (compensation) for lobbying? \$ 2,808 per | , , , | Description of employment (check one of Full time employee Part time or temporary employee Contractor, retainer or similar agree Unsalaried officer or member of gro | Sole duty is lobbying Lobbying is only a part of other duties |
| 6. Are you reimbursed for lobbying expenses? Explain which Yes: \$ per | ch expenses. | Does employer pay any of your lobbying If yes, explain which ones. | expenses directly? |
| 7. How long do you expect to lobby for this organization? ☐ Permanent lobbyist ☐ Only during | ng legislative session | Other, Explain: | march 8, 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 | | | |
| 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.) | | | |
| 01 ☐ Agriculture | SUBJECT Health Care Higher education Human services Labor Law and justice Local government State government Technology Transportation Other - Specify: | Remarks: | |
| CERTIFICATION: I hereby certify that the above is a trustatement. 12. LOBBYIST'S SIGNATURE | DATE | EMPLOYER'S AUTHORIZATION: (in this registration statement. EMPLOYER'S SIGNATURE, NAME T | Confirming the employment authority to lobby described YPED OR PRINTED, AND TITLE DATE |
| 1CLM 17. Cur. L PDC Form L-1 (rev. 12/14) | 311117 | Luterton Exec. | 2-28.17 Do NOT VALID UNLESS SIGNED BY BOTH |