



LOBBYIST REGISTRATION

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(12/14)

THIS SPACE FOR OFFICE USE

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MAR 15 2017

Public Disclosure Commission

1. Lobbyist Name
Johnson Arledge Strategies

Permanent Business Address
PO BOX 815

Business Telephone Numbers
Permanent ()
Temporary ()

City State Zip
OLYMPIA WA 98507

Cell Phone (360) 359-1238
or Pager

2. Temporary Thurston County address during legislative session

E-Mail Address
Cody@johnsonarlege.com

3. Employer's name and address (person or group for which you lobby)
Washington State Data Center Competiveness Coalition

Employer's occupation, business or description of purpose of organization
DATA CENTER

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.)

Simon Lee,

E-Mail Address
slee@saplencecap.com

5. What is your pay (compensation) for lobbying?
\$ \$34,375 per year
(hour, day, month, year)
The Lobbyist's fee shall be \$34,375 in for the first year of this Agreement (February 15, 2017 through December 31, 2017 "Year 1") and \$50,000 for the second year of this Agreement (January 1, 2018-December 31, 2018 "Year 2"). The fee payable for each year will be paid in monthly increments.
For 2017 - this comes out to \$3273.81 per month for 10.5 months (February payment at \$1636.90. Payments in 2017 will be \$4166.67 monthly.

Description of employment (check one or more boxes)

Full time employee Sole duty is lobbying
 Part time or temporary employee Lobbying is only a part of other duties
 Contractor, retainer or similar agreement
 Unsalariated officer or member of group

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.)
Cody Arledge & Rebecca Johnson

CODE	SUBJECT	CODE	SUBJECT
01 <input type="checkbox"/>	Agriculture	09 <input 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 type="checkbox"/>	Human services
04 <input 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 checked="" 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
Cody Arledge RA DATE: 03/15/2017

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE DATE
Simon Lee, Coalition member 3/15/17