



LOBBYIST REGISTRATION

L1 (12/14)

THIS SPACE FOR OFFICE USE

DATE FILED PDC

DEC 22 2016

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2929

1. Lobbyist Name
White Tudor LLC

Permanent Business Address
2417 Capitol Way S,
City Olympia State WA Zip 98501

Business Telephone Numbers
Permanent ( )
Temporary ( )
Cell Phone ( 360 ) 402-1272
or Pager

2 Temporary Thurston County address during legislative session
same

E-Mail Address
kate@whitetudor.com

3. Employer's name and address (person or group for which you lobby)
Washington Occupational Therapy Association

Employer's occupation, business or description of purpose of organization
Advocate for Occupational therapy professionals in Washington state

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.)
Nicholas Serzea, 1402 Auburn Way N #236, Auburn, WA 98002

E-Mail Address
nick@wota.org

5. What is your pay (compensation) for lobbying?
\$ 2700 per month
Other Explain:

Description of employment (check one or more boxes)
Full time employee
Part time or temporary employee
Contractor, retainer or similar agreement
Unsalaned 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 ticket to fund raising events? If so, list the name of that political action committee.
No
Yes Name of the committee is: WOTA-PAC

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 )
Katherine White Tudor

11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects.

Remarks:

- | 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 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 type="checkbox"/>            | Fiscal                                            | 16 <input type="checkbox"/>            | Technology       |
|                                        |                                                   | 17 <input type="checkbox"/>            | Transportation   |
|                                        |                                                   | 18 <input type="checkbox"/>            | 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 TYPED OR PRINTED, AND TITLE

DATE

*Katherine White*

*Tolson 12/21/76*

*Nicholas Senzee*

Nicholas Senzee  
Executive Director, Washington Occupational Therapy Assn