


PUBLIC DISCLOSURE COMMISSION  711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2929		LOBBYIST REGISTRATION	L1 (12/14)	THIS SPACE FOR OFFICE USE DATE FILED PDC OCT 10 2017
1. Lobbyist Name Zachary Lindahl				
Permanent Business Address 510 Plun St. SE			Business Telephone Numbers Permanent (360) 956-7279 Temporary ()	
City State Zip Olympic Wa 98501			Cell Phone (360) 931-9944 or Pager	
2. Temporary Thurston County address during legislative session			E-Mail Address ZacharyL@wahospitality.org	
3. Employer's name and address (person or group for which you lobby) Washington Hospitality Association - 510 Plun St. SE, Olympic Wa 98501			Employer's occupation, business or description of purpose of organization Business Association	
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.) Teran Haase - 510 Plun St. SE, Olympic Wa 98501			E-Mail Address TeranH@wahospitality.org	
5. What is your pay (compensation) for lobbying? \$ 1600 per Month (hour, day, month, year) Other: Explain:		Description of employment (check one or more boxes) <input type="checkbox"/> Full time employee <input type="checkbox"/> Part time or temporary employee <input type="checkbox"/> Contractor, retainer or similar agreement <input type="checkbox"/> Unsalaries officer or member of group <input type="checkbox"/> Sole duty is lobbying <input checked="" type="checkbox"/> Lobbying is only a part of other duties		
6. Are you reimbursed for lobbying expenses? Explain which expenses. <input type="checkbox"/> Yes: \$ _____ per _____ <input checked="" type="checkbox"/> Yes: I am reimbursed for expenses. <input type="checkbox"/> No: I am not reimbursed for expenses.		Does employer pay any of your lobbying expenses directly? If yes, explain which ones. Mileage, Cell Phone		
7. How long do you expect to lobby for this organization? <input checked="" type="checkbox"/> Permanent lobbyist <input type="checkbox"/> Only during legislative session <input type="checkbox"/> 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. <input type="checkbox"/> No <input type="checkbox"/> Yes. However, no member or funder has paid, pays, or is expected to pay over \$1,450. <input checked="" type="checkbox"/> Yes. The list is of parties attached See L1 registration for Julia Gorton				
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. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Name of the committee is: WRA 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.)				
11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects. CODE SUBJECT 01 <input type="checkbox"/> Agriculture 02 <input checked="" type="checkbox"/> Business and consumer affairs 03 <input type="checkbox"/> Constitutions and elections 04 <input type="checkbox"/> Education 05 <input type="checkbox"/> Energy and utilities 06 <input type="checkbox"/> Environmental affairs - natural resources - parks 07 <input type="checkbox"/> Financial institutions and insurance 08 <input type="checkbox"/> Fiscal CODE SUBJECT 09 <input type="checkbox"/> Health Care 10 <input type="checkbox"/> Higher education 11 <input type="checkbox"/> Human services 12 <input type="checkbox"/> Labor 13 <input type="checkbox"/> Law and justice 14 <input checked="" type="checkbox"/> Local government 15 <input checked="" type="checkbox"/> State government 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 Zachary Lindahl		DATE 10/10/17	EMPLOYER'S SIGNATURE NAME TYPED OR PRINTED, AND TITLE Teran Haase	
			DATE 10/10/17	