PUBLIC_	DISCLOSU	RE COMMISSION
OC	G	711 CAPITOL WAY RM 20 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111

LOBBYIST REGISTRATION

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THIS SPACE FOR OFFICE USE

- FILLU, LU

	(360) 753-1111 TOLL FREE 1-877-601-2925		(2010)	(12/14)	JAN 29 2018	
Lobbyist Name					·	
Ben Buchholz						
Permanent Business Address				Business Telephone Numbers		
120 State AVE NE #150				Permanent (206) 552-0236		
Olympia, WA 98501			Temporary ()			
City		State	Zip	Cell Phone (or Pager	•	
2. Temporary Thurston Co	ounty address during legislativ	e session		E-Mail Addre	SS	
None				ben@mcbridepa.com		
Employer's name and address (person or group for which you lobby)				Employer's occupation, business or description of purpose of organization		
Real Estate Valuation Advocacy Association, 734 15 th St. NW, Suite 900, Washington, D.C. 20005					Real Estate Valuation	
 Name and address of person having custody of accounts, receipts, books or other documents which substantiate tobbyist reports. (Person responsible for producing the lobbyist employer's annual L-3 report.) 				E-Mail Address		
• •				Mark.schiffm	an@revaa.org	
Mark A. Schiffma	ın, 734 15 th St. NVV	, Suite 900, Washin	gton, D.C. 20005			
5. What is your pay (com	pensation) for lobbying?		Description of employment (check one	or more boxes)		
\$ 20,000.01	persession_		☐ Full time employee		Sole duty is lobbying	
Other Frederic Inc.	(hour, day, month, year)		Part time or temporary employee	mont	Lobbying is only a part of other duties	
Other: Explain: January 26 thru March 8, 2018			Unsalaried officer or member of gro		Or Other added	
6. Are you reimbursed for	lobbying expenses? Explain	which expenses.	Does employer pay any of your lobbying	expenses dire	ectly?	
Yes: I am reim	bursed for expenses.		If yes, explain which ones.			
	eimbursed for expenses. ct 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 Sexpected to pay over \$1,450.						
Nee 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 □ Yee Name of the	committee is:					
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.)						
None						
11. Areas of interest. Lobi or state agencies concerne	ed with following subjects:	egislative committee members	Remarks:			
CODE SUBJECT 01 Agriculture	CO	DE SUBJECT Health Care		*		
02 🖾 Business and	consumer affairs 10	<u> </u>				
03 Constitutions 04 Education	12	Labor				
05 ☐ Energy and ut	tilities 13 al affairs - natural 14					
resources - I	parks 15	☐ State government				
07 ☑ Financial insti insurance	17	☐ Transportation				
08 Fiscal	18	Other - Specify:				
CERTIFICATION: I h	ereby certify that the above is			EMPLOYER'S AUTHORIZATION. Confirming the employment authority to lobby described in this registration statement. EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE OF TELL OF THE ORDER OF THE ORDER OF THE ORDER OF T		
12. LOBBYIST'S SIGNAT	URE A .	DATE	EMPLOYER'S SIGNATURE, NAME	i YPED OR PR 	11/26/1	