## PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908

THIS SPACE FOR OFFICE USE DATE FILED PDC

	OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2929	LOBBAISI	REGISTRATION	(12/14)	JAN 3 0 2018
1. Lobbyist Name					
Carney Badley Spellman - Melvin Sorensen					
Permanent Business Address				Business Telephone Numbers	
701 5th Avenue, Ste. 3600				Permanent ( 206 ) 622-8020	
				Temporary (360 ) 357-6500	
City State			Zip	Cell Phone ( 206 ) 409-5177	
Seattle	-	WA 98104		or Pager	
2. Temporary Thurston County address during legislative session			-	E-Mail Addre	ss
208 11th Ave. SE, Suite 2 Olympia, WA 985			501	sorensen@carneylaw.com	
Employer's name and address (person or group for which you lobby)     Express Scripts Holding Co				Employer's occupation, business or description of purpose of organization	
1 Express Way, St. Louis, MO 63121				Medical Benefit Manager	
<ol> <li>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.)</li> </ol>				E-Mail Address	
David M. Dederichs 1 Express Way, St. Louis, MO 63121				DMDeder	ichs@express-scripts.com
			Description of employment (check one	or more boxes)	
\$ 10,600	DOT HIGHLII	nuary-March	Full time employee		Sole duty is lobbying
Other: Explain:  Part time or temporary employee  Contractor, retainer or similar agree				ement	☐ Lobbying is only a part  of other duties
6. Are you reimbursed for lobbying expenses? Explain which expenses.  Does employer pay any of your					
			Does employer pay any of your lobbying If yes, explain which ones.	expenses aire	CIIY?
Yes: I am reimbursed for expenses.  I have not reimbursed for expenses.					
No: I am not reimbursed for expenses.  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.					
<ul> <li>■ No</li> <li>☐ Yes. However, no member or funder has paid, pays, or is expected to pay over \$1,450.</li> <li>☐ Yes. The list is of parties attached</li> </ul>					
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.)  Clifford A. Webster, Jake H. Mayson					
11. Areas of interest. Lob or state agencies concerne	bying is most frequent before legis	lative committee members	Remarks:		
CODE SUBJECT	• ,	SUBJECT			
	09 ■ I consumer affairs 10 □	Health Care Higher education			
03 Constitutions 04 Education	and elections 11  12	Human services Labor			
05 ☐ Energy and u  06 ☐ Environmenta	tilities 13 ☐ al affairs - natural 14 ☐	Law and justice Local government			·
resources -   07  Financial insti	parks 15 🗍	State government Technology			
insurance 08 ☐ Fiscal	17 ☐ 18 ☐	Transportation Other - Specify:			
CERTIFICATION: I he statement.	ereby certify that the above is a tru	e, complete and correct	EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described in this registration state pant.		
12. OBBYIST'S SIGNATURE DATE EMPLOYER'S SIGNATURE DATE DATE					
11/1/	)	1/30/18	David M. Dederichs VP of Government Affair		1/29/18