PUBLIC.	DISCLOSU	IRE COMMISSION
		711 CAPITOL WAY RM 20
		PO BOX 40908
		OLYMPIA WA 98504-0808
		(380) 753-1111
		TALL EDGE 4.077.604.30

LOBBYIST REGISTRATION

L1

THIS SPACE FOR OFFICE USE DATE FILE .- DC

	(350) 753-1111		INCOID I INTIIOI	L	,		
	TOLL FREE 1-877-601-2929			(12/14)	DEC 2 3 2016		
Lobbyist Name			- 4010				
White Tudor LLC	·						
Permanent Business Address					Business Telephone Numbers		
2417 Capitol Way S,				Permanent (· !		
	,			Temporary (•		
City		State	710		•		
Olympia ,		` WA ~	Zip 98501	or Pager	360) 402-1272		
····							
Temporary Thurston County address during legislative session same				E-Mail Addre	E-Mail Address		
					kate@whitetudor.com		
3. Employer's na	me and address (person or group for whic	h you lobby)	the state of the s	Employer's of purpose of or	ccupation, business or description of		
Center for Diagnostic Imaging (CDI)					rider network for medical Imaging and		
					æs		
 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.) 					SS		
CDI Director of State Legislative Policy, CDI, 5775 Wayzata Blvd. Suite 400, St. Louis Park, MN 55416					eranoar@odirad.com		
· · · · · · · · · · · · · · · · · · ·				Christopher.	crancer@cdirad.com		
	ay (compensation) for lobbying?		Description of employment (check on	e or more boxes)			
\$500 per month outside session; \$1000 per month during Full time employee session					☐ Sole duty is lobbying ☐ Lobbying is only a part		
(hour, day, month, year) Other: Explain: Part time or temporary employee Contractor, retainer or similar agree				eement	of other duties		
☐ Unsalaried officer or member of gro				luonb			
	irsed for lobbying expenses? Explain whi	ch expenses.	Does employer pay any of your lobby if yes, explain which ones.	ng expenses dire	edly?		
☐ Yes: \$	per am reimbursed for expenses.		ii yes, explain which ones.		,		
	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 employe	er a business or trade association or organ	nization which lobbles on be	half of its members or a representative	entity which lobb	ies 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 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 Insi	tructions.)			•			
Katherine White	Tudor			•			
11. Areas of Interes	st. Lobbying is most frequent before legis	ative committee members	Remarks:				
	oncerned with following subjects:				· · ·		
CODE SUBJI	lture 09 ⊠	SUBJECT Health Care					
		Higher education Human services					
04 ☐ Education 12 ☐ Labor 05 ☐ Energy and utilities 13 ☐ Law and justice							
06 Environmental affairs - natural 14 Local government resources - parks 15 State government			,				
	cial institutions and 16	Technology					
08 Fiscal	ance 17 18	Transportation Other - Specify:					
CERTIFICATION: I have by codify that the character of the complete and according to the control of the character of the chara							
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. LOBBYISTS S	IGNATURE	DATE	EMPLOYER'S SIGNATURE, NAME	TYPED OR PRI	NTED, AND TITLE DATE		
KATHING WINTHE TONON 12/22/2/2/2							
POC Form L-1 (rev. 12/14) POC Form L-1 (rev. 12/14) Legislative Julium							
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