DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908

LOBBYIST REGISTRATION

THISDATE FOR OFFICE USE

-	TOLL FREE 1-877-601-2929			(12/14)	FEB 12 2018
1. Lobi	pyist Name	<u> </u>			,
Michael (Groesch				
Permanent Business Address				Business Tel	ephone Numbers
120 State Ave NE #294				Permanent (
				Temporary (•
- 62		Chair		, , ,	*
City Olympia		State WA	zip 98501	Cell Phone (or Pager)
			30301	'	
2. Tem	porary Thurston County address during legislative so	ession		E-Mail Addre	SS
	-		•	Michael.groes	sch@comcast.com
3. Emp	loyer's name and address (person or group for which	you lobby)			ccupation, business or description of ganization
	nformation Services e Water Rd, Suite 200 Eagan MN 551521				_
				Transportatio	
 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.) 				E-Mail Addre	SS
Jason Frye				lacon food	exploredata,com
2750 Blu	e Water Rd Suite 200 Eagan MN 55121			Jason.nye@c	spioredata,com
5. What is your pay (compensation) for lobbying?			Description of employment (check one or more boxes)		
\$ <u>\$1500</u> per <u>month</u>			☐ Full time employee x Sole duty is lobbying		
(hour, day, month, year) Other: Explain:			☐ Part time or temporary employee ☐ Lobbying is only a part		
Outer. Explain.			☐ Contractor, retainer or similar agreement of other duties ☐ Unsalaried officer or member of group		
Are you reimbursed for lobbying expenses? Explain which expenses.			Does employer pay any of your lobbying		ctly?
		-	If yes, explain which ones.		
\ x	•				
	long do you expect to lobby for this organization?				
x f	Permanent lobbyist 🔲 Only durin	g legislative session	Other, Explain:		
8. Is you	ur employer a business or trade association or organ	ization which lobbies on be	ehalf of its members or a representative er	ntity which lobb	ies on behalf of businesses, groups,
	ons, or organizations? If "yes," attach a list showing wo years or is expected to pay over \$1,450 this year		ach member or funder who has paid fees,	dues or other	payments over \$1,450 during either of
X t		member or funder has pai	d, pays, or is expected to pay over \$1,450	1,	
	fes. The list is of parties attached your employer have a connected, related or closely	affiliated political action co	mmilton which will provide funds for your	s maka natitiaal	contributions including surphase tickets
to fund ra	ising events? If so, list the name of that political act	on committee.	minutee which will provide lunds for you to	o make political	contributions including purchase tickets
x 1	•		and the second of the second o		
	es. Name of the committee is: bylst is a company, partnership or similar business e	ntity which employs others	to perform actual tobbying duties. list nam	e of each ners	on who will jobby (See WAC 390-20-
	44 for Instructions.)	· · · · · · · · · · · · · · · · · · ·	to ponori adioar loodying dance; not har	o or caem pers	on the thin loody. Loca thing obo-20-
n/a					
11 Areas	s of interest. Lobbying is most frequent before legisl	ative committee members	Remarks:	·	
	gencies concerned with following subjects:	auto committee members		, -	\bigcap
COD 01 🗖		SUBJECT Health Care	Updated	140	toreme train
02 03	Business and consumer affairs 10	Higher education Human services	/	•	,
04 🔲	Education 12 🔲	Labor	for F	1	
05 🗀 06 🗀		Law and justice Local government	10x = mpl	oyer	foreme train
	resources - parks 15 x	State government		ι	
. 07 🛄	insurance 17 x	Technology Transportation			
08 🗆	Fiscal 18 🗍	Other - Specify:			
	TIFICATION: I hereby certify that the above is a true	e, complete and correct	EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described		
stater	ment. BYIST'S SIGNATURE	DATE	in this registration statement. JEMPTOYER'S SIGNATURE, NAME T	YPED OR PRI	VTED, AND TITLE DATE
12. LOBE	1 1	/ / /	ALAA I	r Co Olyr Kill	Λ