

LOBBYIST REGISTRATION

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Amended
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THIS SPACE FOR OFFICE USE

(12/03)

NOV 10 2016

1. Lobbyist Name
Michael Transue

Business Telephone Numbers
 Permanent (253) 223 2508
 Temporary ()
 Cell Phone ()
 or Pager

Permanent Business Address
5420 N Commercial

City State Zip
Ruston WA 98407-3114

E-Mail Address
cmjtransue@comcast.net

2. Temporary Thurston County address during legislative session

3. Employer's name and address (person or group for which you lobby)
USMA? - AMERICA'S CAR MUSEUM
2702 EAST "D" STREET TACOMA, WA 98421

Employer's occupation, business or description of purpose of organization
- MUSEUM
- 507(C)(3) EDUCATIONAL INSTITUTION

4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports (Person responsible for producing the annual L3 report)
PAUL MILLER, COO, PRESIDENT
2702 EAST "D" STREET TACOMA, WA 98421

E-Mail Address
paul@americascarmuseum.org

5. What is your pay (compensation) for lobbying?
\$ 30000 per **30000** month
 (hour, day, month, year)

Other: Explain:

Description of employment (check one or more boxes)
 Full time employee
 Part time or temporary employee
 Contractor, retainer or similar agreement
 Unsalaries officer or member of group

Sole duty is lobbying
 Lobbying is only a part of other duties

6. Are you reimbursed for lobbying expenses? Explain which expenses
 Yes: \$ _____ per _____
 Yes I am reimbursed for expenses.
 No: I am not reimbursed for expenses.

Does employer pay any of your lobbying expenses directly?
 If yes, explain which ones **NO**

7. How long do you expect to lobby for this organization?
 Permanent lobbyist
 Only during legislative session
 Other, Explain.
10 MONTHS

8. Is your employer a business or trade association or similar organization which lobbies on behalf of its members? If "yes," attach a list showing the name and address of each member who has paid the association fees, dues or other payments over \$500 during either of the past two years or is expected to pay over \$500 this year.
 No
 Yes. However, no member has paid, pays, or is expected to pay over \$500.

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.)

11. Areas of interest Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects

01 <input type="checkbox"/> Agriculture	09 <input type="checkbox"/> Higher education
02 <input type="checkbox"/> Business and consumer affairs	10 <input type="checkbox"/> Human services
03 <input type="checkbox"/> Constitutions and elections	11 <input type="checkbox"/> Labor
04 <input type="checkbox"/> Education	12 <input type="checkbox"/> Law and justice
05 <input type="checkbox"/> Energy and utilities	13 <input type="checkbox"/> Local government
06 <input type="checkbox"/> Environmental affairs - natural resources - parks	14 <input type="checkbox"/> State government
07 <input type="checkbox"/> Financial institutions and insurance	15 <input type="checkbox"/> Transportation
08 <input checked="" type="checkbox"/> Fiscal	16 <input type="checkbox"/> Other - Specify

Remarks:

CERTIFICATION. I hereby certify that the above is a true, complete and correct statement

12. LOBBYIST'S SIGNATURE *[Signature]* DATE **10/17/16**

EMPLOYER'S AUTHORIZATION. Confirming the employment authority to lobby described in this registration statement

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE *[Signature]* DATE **10/19/16**
Paul E. Miller, Pres./COO

NOT VALID UNLESS SIGNED BY BOTH