



PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2929

LOBBYIST REGISTRATION

L1
(12/14)

THIS SPACE FOR OFFICE USE

DATE FILED PDC

DEC 14 2018

1. Lobbyist Name

Evergreen Public Affairs

Permanent Business Address

349 16th Avenue

City

Seattle

State

WA

Zip

98122-5614

Business Telephone Numbers

Permanent ()

Temporary ()

Cell Phone (206) 852-3616
or Pager

2. Temporary Thurston County address during legislative session

E-Mail Address

Bob@EvergreenPublic.com

3. Employer's name and address (person or group for which you lobby)

National Association of Social Workers, WA Chapter
522 N. 85th St., Seattle, WA 98103

Employer's occupation, business or description of purpose of organization

Professional Association

4. 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 Address

twatson.naswwa@socialworkers.org

Taylene Watson, Exec. Director 522 N. 85th St., Seattle, WA 98103

5. What is your pay (compensation) for lobbying?

\$ 1,750 per 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

Unsalariated 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.

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.

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

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: **Political Action for Candidate Election (PACE)**

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.)

Bob Cooper

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

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

Remarks:

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.

2. LOBBYIST'S SIGNATURE

DATE

Bob Cooper 12-13-18

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE

DATE

Taylene Watson
Taylene Watson, Executive Director 12/07/18

National Association of Social Workers – Washington Chapter

Those paying / donating more than \$1,450 in 2017 or 2018, or expected to in 2019

Seattle University
901 12th Ave
P.O. Box 222000
Seattle, WA 98122

Casey Family Services
2001 Eighth Ave, Ste 2700
Seattle, WA 98121