

LOBBYIST REGISTRATION

L1
 (12/14)

THIS SPACE FOR OFFICE USE
DATE FILED PDC
 DEC 24 2018

1. Lobbyist Name
Melanie Stewart & Associates LLC

Permanent Business Address
6035 Troon LN SE

City State Zip
Olympia WA 98501

Business Telephone Numbers
 Permanent (360) 556-8280
 Temporary ()
 Cell Phone (360) 556-8280
 or Pager

2. Temporary Thurston County address during legislative session

E-Mail Address
votesrus2@comcast.net

3. Employer's name and address (person or group for which you lobby)
**Virginia Mason Medical Center, 1100 Ninth Ave., GB-ADM
 Seattle, WA 98101**

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

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.)
Kathleen G. Paul, Vice President, same address as #3

E-Mail Address
kathleen.paul@virginiamason.org

5. What is your pay (compensation) for lobbying?
 \$ \$1,500 per month for:
 Other: Explain: 2019: Jan, Feb, March, April, December
 2020: Jan, Feb, March, December

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. Up to \$1,500
 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: session plus December

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

Does employer pay any of your lobbying expenses directly?
 If yes, explain which ones.

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:

Does employer pay any of your lobbying expenses directly?
 If yes, explain which ones.

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.)
Melanie Stewart / Sara Stewart

Does employer pay any of your lobbying expenses directly?
 If yes, explain which ones.

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 X Health Care
02 X Business and consumer affairs	10 <input type="checkbox"/> Higher education
03 <input type="checkbox"/> Constitutions and elections	11 X Human services
04 <input type="checkbox"/> Education	12 X Labor
05 <input type="checkbox"/> Energy and utilities	13 X 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 X Fiscal	16 <input type="checkbox"/> Technology
	17 <input type="checkbox"/> Transportation
	18 <input type="checkbox"/> Other - Specify:

Remarks:
Melanie Stewart & Associates LLC and Gail Toraason McGaffick, Inc., are each registering for Virginia Mason Medical Center.

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. LOBBYIST'S SIGNATURE

 DATE **12/18/18**

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

Kathleen G. Paul, Vice President, VMMC **12/21/18**