

 PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 208 PO BOX 40906 OLYMPIA WA 98504-0906 (360) 783-1111 TOLL FREE 1-877-601-2929		LOBBYIST REGISTRATION		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> L1 <small>(12/14)</small> </div> <div style="text-align: right; margin-top: 10px;"> THIS SPACE FOR OFFICE USE DATE FILED: RRG <div style="font-size: 1.5em; font-weight: bold; margin-top: 10px;">20202018</div> </div>			
1. Lobbyist Name Washington State Nurses Association				Business Telephone Numbers Permanent (206) 575-7979 Temporary () Cell Phone () or Pager			
Permanent Business Address 575 Andover Park W Suite 101							
City State Zip Seattle WA 98188							
2. Temporary Thurston County address during legislative session							
3. Employer's name and address (person or group for which you lobby) School Nurses Organization of WA P.O. Box 912 Jacksonville, OR 97530				E-Mail Address mreed@wsna.org Employer's occupation, business or description of purpose of organization Non-profit organization			
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) Rhonda Bohall P.O. Box 912 Jacksonville, OR 97530				E-Mail Address Rhonda.Bohall@teamtri.com			
5. What is your pay (compensation) for lobbying? \$ 500 per month <small>(hour, day, month, year)</small> Other: Explain:			Description of employment (check one or more boxes) <input type="checkbox"/> Full time employee <input type="checkbox"/> Part time or temporary employee <input type="checkbox"/> Contractor, retainer or similar agreement <input type="checkbox"/> Unsalaries officer or member of group <input checked="" type="checkbox"/> Sole duty is lobbying <input type="checkbox"/> Lobbying is only a part of other duties				
6. Are you reimbursed for lobbying expenses? Explain which expenses. <input type="checkbox"/> Yes. \$ _____ per _____ <input type="checkbox"/> Yes. I am reimbursed for expenses. <input checked="" type="checkbox"/> 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? <input checked="" type="checkbox"/> Permanent lobbyist <input type="checkbox"/> Only during legislative session <input type="checkbox"/> 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. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. However, no member or funder has paid, pays, or is expected to pay over \$1,450. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> No <input type="checkbox"/> 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) Jennifer Muhm, Melissa Johnson, Travis Eimore Nelson, Amy Brackenbury, Saly Watkins							
11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects: <table style="width:100%; border: none;"> <tr> <td style="width:50%;"> CODE SUBJECT 01 <input type="checkbox"/> Agriculture 02 <input type="checkbox"/> Business and consumer affairs 03 <input type="checkbox"/> Constitutions and elections 04 <input checked="" type="checkbox"/> Education 05 <input type="checkbox"/> Energy and utilities 06 <input type="checkbox"/> Environmental affairs - natural resources - parks 07 <input type="checkbox"/> Financial institutions and insurance 08 <input type="checkbox"/> Fiscal </td> <td style="width:50%;"> CODE SUBJECT 09 <input checked="" type="checkbox"/> Health Care 10 <input type="checkbox"/> Higher education 11 <input type="checkbox"/> Human services 12 <input type="checkbox"/> Labor 13 <input type="checkbox"/> Law and justice 14 <input type="checkbox"/> Local government 15 <input type="checkbox"/> State government 16 <input type="checkbox"/> Technology 17 <input type="checkbox"/> Transportation 18 <input type="checkbox"/> Other - Specify: </td> </tr> </table>				CODE SUBJECT 01 <input type="checkbox"/> Agriculture 02 <input type="checkbox"/> Business and consumer affairs 03 <input type="checkbox"/> Constitutions and elections 04 <input checked="" type="checkbox"/> Education 05 <input type="checkbox"/> Energy and utilities 06 <input type="checkbox"/> Environmental affairs - natural resources - parks 07 <input type="checkbox"/> Financial institutions and insurance 08 <input type="checkbox"/> Fiscal	CODE SUBJECT 09 <input checked="" type="checkbox"/> Health Care 10 <input type="checkbox"/> Higher education 11 <input type="checkbox"/> Human services 12 <input type="checkbox"/> Labor 13 <input type="checkbox"/> Law and justice 14 <input type="checkbox"/> Local government 15 <input type="checkbox"/> State government 16 <input type="checkbox"/> Technology 17 <input type="checkbox"/> Transportation 18 <input type="checkbox"/> Other - Specify:	Remarks	
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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.			

ASR

12. LOBBYIST'S SIGNATURE

DATE

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

DATE



12/19/18

AS Norton RW.

12/17/18

NOT VALID UNLESS SIGNED BY BOTH

PDC Form L-1 (rev. 12/14)