

**LOBBYIST REGISTRATION**

**L1**  
(12/14)

THIS SPACE FOR OFFICE USE  
**DATE FILED PDC**  
**DEC 26 2018**

1. Lobbyist Name  
**Gail Toraason McGaffick, Inc.**  
 Permanent Business Address

P.O. Box 47  
 City Olympia State WA Zip 98507

Business Telephone Numbers  
 Permanent ( 360 ) 481-3818  
 Temporary ( )  
 Cell Phone ( ) or Pager

City Olympia State WA Zip 98507

2. Temporary Thurston County address during legislative session  
 n/a

E-Mail Address  
[mpwrmnt@outlook.com](mailto:mpwrmnt@outlook.com)

3. Employer's name and address (person or group for which you lobby)  
**Fresenius Medical Care North America, Inc.**  
**PO Box 103, N. Newton, KS 67117**

Employer's occupation, business or description of purpose of organization  
**Dialysis provider**

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.)  
**Wendy Funk Schrag, LMSW, ACSW, same address as #3**

E-Mail Address  
[wendy.schrag@fmc-na.com](mailto:wendy.schrag@fmc-na.com)

5. What is your pay (compensation) for lobbying?  
 \$ 3,000 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  
 Unsalared 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: annual contract

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:

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.)  
**Gail McGaffick**

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

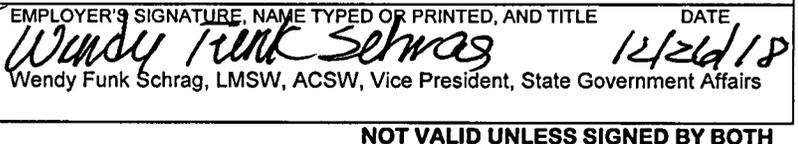
CODE	SUBJECT	CODE	SUBJECT
01 <input type="checkbox"/>	Agriculture	09 X	Health Care
02 <input type="checkbox"/>	Business and consumer affairs	10 <input type="checkbox"/>	Higher education
03 <input type="checkbox"/>	Constitutions and elections	11	Human services
04 <input type="checkbox"/>	Education	12 x	Labor
05 <input type="checkbox"/>	Energy and utilities	13	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. each represent this client, and each is filing a separate L-1.**

**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 12/26/18  
**Wendy Funk Schrag, LMSW, ACSW, Vice President, State Government Affairs**