



LOBBYIST REGISTRATION

THIS SPACE FOR OFFICE USE

L1

DATE FILED PDC

(12/14)

1. Lobbyist Name
CAPITOL CONNECTION LLC

DEC 28 2018

Permanent Business Address
2815 STARKING ST SE

Business Telephone Numbers
Permanent **(360) 789-5246**
Temporary ()

City **OLYMPIA** State **WA** Zip **98501**

Cell Phone () or Pager

2. Temporary Thurston County address during legislative session

E-Mail Address
RYAN@CAPCONN.NET

3. Employer's name and address (person or group for which you lobby)
**WRIGHT RUNSTAD & COMPANY
1201 3RD AVE, SUITE 2700 SEATTLE WA 98101**

Employer's occupation, business or description of purpose of organization
COMMERCIAL REAL ESTATE DEVELOPMENT

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.)
**GREG JOHNSON
1201 3RD AVE, SUITE 2700 SEATTLE WA 98101**

E-Mail Address
G.JOHNSON@WRIGHTRUNSTAD.COM

5. What is your pay (compensation) for lobbying?
\$ **3000.00** per **MONTH**
(hour, day, month, year)
Other: Explain:

Description of employment (check one or more boxes)

<input type="checkbox"/> Full time employee	<input type="checkbox"/> Sole duty is lobbying
<input type="checkbox"/> Part time or temporary employee	<input type="checkbox"/> Lobbying is only a part of other duties
<input checked="" type="checkbox"/> Contractor, retainer or similar agreement	
<input type="checkbox"/> Unsalared officer or member of group	

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:

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.)
RYAN SPILLER, SANDI SWARTHOUT

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"/> Health Care |
| 02 <input checked="" type="checkbox"/> Business and consumer affairs | 10 <input type="checkbox"/> Higher education |
| 03 <input type="checkbox"/> Constitutions and elections | 11 <input type="checkbox"/> Human services |
| 04 <input type="checkbox"/> Education | 12 <input type="checkbox"/> Labor |
| 05 <input type="checkbox"/> Energy and utilities | 13 <input type="checkbox"/> Law and justice |
| 06 <input type="checkbox"/> Environmental affairs - natural resources - parks | 14 <input checked="" type="checkbox"/> Local government |
| 07 <input type="checkbox"/> Financial institutions and insurance | 15 <input checked="" type="checkbox"/> State government |
| 08 <input checked="" type="checkbox"/> Fiscal | 16 <input type="checkbox"/> Technology |
| | 17 <input checked="" 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.

12. LOBBYIST'S SIGNATURE

DATE

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

Gregory K Johnson, President 11/19/18