



**LOBBYIST REGISTRATION**

**L1**  
(12/14)

THIS SPACE FOR OFFICE USE  
**DATE FILED PDC**  
**JAN 04 2019**

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

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

E-Mail Address  
 mpwrmt@outlook.com

3. Employer's name and address (person or group for which you lobby)  
 Melanie Stewart & Associates, LLC, 6035 Troon Lane SE, Olympia, WA 98501

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

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)  
 Melanie Stewart, same address as #3

E-Mail Address  
 votesrus2@comcast.net

5. What is your pay (compensation) for lobbying?  
 \$ 3,217 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  
 Unsalaries 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  
 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.)  
**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 <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 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:  
 Clients of Melanie Stewart & Associates LLC for whom Gail Toraason McGaffick, Inc., provides lobbying:  
 American Massage Therapy Association, Washington Chapter  
 Pierce County Alliance

**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

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE DATE  
  
 Melanie Stewart & Associates LLC, by Melanie Stewart, President 12/18/18

**LOBBYIST IDENTIFICATION FORM**



**NAME: Gail Toraason McGaffick for  
Gail Toraason McGaffick, Inc.**

**BUSINESS ADDRESS:**

**P.O. Box 47  
Olympia, WA  
98507-0047**

**PHONE:  
360-481-3818**

**OLYMPIA ADDRESS:  
PHONE:**

**same  
same**

**EMPLOYERS' NAMES:**

**Washington State Podiatric Medical Association  
Fresenius Medical Care, North America  
Yakima Valley Memorial Hospital, dba Virginia Mason Memorial  
Melanie Stewart & Associates LLC for Pierce County Alliance and AMTA-WA  
Virginia Mason Medical Center**

**YEAR FIRST EMPLOYED AS A LOBBYIST: 1985  
BIOGRAPHY:**

**Gail began her lobbying career in 1985. Prior to that time she worked for as staff counsel for the Washington State Senate Research Center. Gail has an undergraduate degree in political science from the University of Washington, and a law degree from the University of Oregon.**

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**INSTRUCTIONS**

Attach this page to your L-1 registration.  
Attach 2" X 2" passport type, black and white photo. Photo should be head and shoulders, full face, and taken within last 12 months.  
Please write, lightly in pencil, name on back of photo before attaching.  
Photos will not be returned.  
Please see instruction booklet for example of biography. List all employers on this page if you have more than one employer. If you later add additional employers, PDC will include them for you.  
Please use typewriter to complete this page.