



PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2929

LOBBYIST REGISTRATION

L1

(12/14)

THIS SPACE FOR OFFICE USE

FILED PDC

JAN 10 2019

1. Lobbyist Name AHNE, PLLC																																															
Permanent Business Address PO Box 2528		Business Telephone Numbers Permanent (360) 789-1641 Temporary ()																																													
City Olympia	State WA	Zip 98507	Cell Phone () or Pager																																												
2. Temporary Thurston County address during legislative session Same		E-Mail Address Jeanne@ahnepllc.com																																													
3. Employer's name and address (person or group for which you lobby) Squaxin Island Tribe, SE 70 Squaxin Lane, Shelton, WA 98584		Employer's occupation, business or description of purpose of organization Indian Tribe																																													
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.) Ray Peters, SE 70 Squaxin Lane, Shelton, WA 98584		E-Mail Address RPeters@squaxin.us																																													
5. What is your pay (compensation) for lobbying? \$ <u>4,750.00</u> per <u>month</u> (hour, day, month, year) 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 checked="" type="checkbox"/> Contractor, retainer or similar agreement <input type="checkbox"/> Unsalaries officer or member of group <input 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 checked="" type="checkbox"/> Yes: I am reimbursed for expenses. <input type="checkbox"/> 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? <input type="checkbox"/> Permanent lobbyist <input type="checkbox"/> Only during legislative session <input checked="" type="checkbox"/> Other, Explain: Contractor																																															
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.) Jeanne Cushman																																															
11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:		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.																																													
12. LOBBYIST'S SIGNATURE Jeanne Cushman	DATE 1-7-2019	EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE Ray Peters	DATE 1/8/19																																												