

LOBBYIST REGISTRATION

L1
(12/14)

THIS SPACE FOR OFFICE USE

DATE FILED PDC

JAN 14 2019

1. Lobbyist Name

Rob Makin Consulting

Permanent Business Address

1940 5th Avenue West

City

Seattle

State

WA

Zip

98119

Business Telephone Numbers

Permanent (206) 282.5700

Temporary ()

Cell Phone ()
or Pager

2. Temporary Thurston County address during legislative session

E-Mail Address
rob@rgmakin.com

3. Employer's name and address (person or group for which you lobby)

Comcast Cable Communications
 ATTN: Rhonda Weaver
 444 Yaeger Way SW
 Olympia, WA 98584

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

Telecommunications & Cable

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.)

Rob Makin

E-Mail Address
rob@rgmakin.com

5. What is your pay (compensation) for lobbying?

\$ 4,000 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
 Unsalariated 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.

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 (excluding individuals) who has paid fees, dues or other payments over \$500 during either of the past two years or is expected to pay over \$500 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.)

Rob Makin

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 checked="" 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 checked="" type="checkbox"/> Technology |
| | 17 <input 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

Rob Makin
1/14/19

Rhonda Weaver
Rhonda Weaver, Sr. Director, Government Affairs
1/14/19