



PUBLIC DISCLOSURE COMMISSION
 711 CAPITOL WAY RM 206
 PO BOX 40908
 OLYMPIA WA 98504-0908
 (360) 753-1111
 TOLL FREE 1-877-601-2828

LOBBYIST REGISTRATION

DATE FILED PDC
 THIS SPACE FOR OFFICE USE

L1

JAN 14 2019

(12/03)

1. Lobbyist Name
Bogard & Johnson, LLC

Permanent Business Address
200 Union Avenue

City **Olympia** State **WA** Zip **98501**

Business Telephone Numbers
 Permanent (360) 956-3322
 Temporary ()
 Cell Phone (206) 979-0326 or Pager

E-Mail Address
becky@bogardjohnson.com

2. Temporary Thurston County address during legislative session

3. Employer's name and address (person or group for which you lobby)
**Washington State Association of Headstart & ECEAP
 345 118th Ave SE, Suite 110, Bellevue, WA 98005**

Employer's occupation, business or description of purpose of organization
Association of early learning providers

4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports. (Person responsible for producing the annual L3 report)

Joel Ryan E-Mail Address **joel@wsaheadstarteceap.com**
345 118th Ave SE, Suite 110, Bellevue, WA 98005

5. What is your pay (compensation) for lobbying?
 \$ 1000 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"/> Unsalariated 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.

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 similar organization which lobbies on behalf of its members? If "yes," attach a list showing the name and address of each member who has paid the association 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 has paid, pays, or is expected to pay over \$500.
 Yes. The list is 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.)
Melissa Johnson, Becky Bogard

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

Remarks:

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement.

12. LOBBYIST'S SIGNATURE **[Signature]** DATE **1/14/19**

EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described in this registration statement.

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE **Joel Ryan, Executive Director** DATE

NOT VALID UNLESS SIGNED BY BOTH