DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 PUBLIC

I ORRVIST PEGISTRATION

THIS SPACE FOR OFFICE USE DATE FILLU POC

	OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2929	LOBBIISI	REGISTRATION	(1/14)	IANI O C COAZ	
1. Lobbyist		1		, , , ,	JAN 06 2017	
	amara Warnke					
	nt Business Address			Business Telephone Numbers		
61 SE Majestic View Dr. Shelton, WA. 98584				Permanent 360-427-7967		
			:	Temporary ()		
City State			Zip	Cell Phone 360-490-1159 or Pager		
	ry Thurston County address during legislative s	ession		E-Mail Address		
N/A				TLRWARNKE@gmail.com		
3. Employer's name and address (person or group for which you lobby)				Employer's occupation, business or description of		
Spinning Heads, Inc.				purpose of organization		
and the company of th				Licensed cannabis production		
	d address of person having custody of account reports. (Person responsible for producing the leaves of the second			E-Mail Addre	SS	
Natasha Combs				ncc.financial@gmail.com		
5. What is your pay (compensation) for lobbying?			Description of employment (check one	one or more boxes)		
\$ 1000 per _month (hour, day, month, year)			☐ Full time employee	Sole duty is lobbying		
Othor Eveloin:			 ☐ Part time or temporary employee ☒ Contractor, retainer or similar agree 	Lobbying is only a part of other duties		
,			☐ Unsalaried officer or member of gro	··-		
			Does employer pay any of your lobbying expenses directly? If yes, explain which ones.			
☐ Yes: I am reimbursed for expenses. lodging & food when traveling ☐ No: I am not reimbursed for expenses.			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 (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 \$500. Yes. The list is of parties attached 						
 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:						
 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.) 						
		-				
11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:			Remarks:			
	SUBJECT CODE Agriculture 09 ☑	SUBJECT Health Care			,	
02 🔀 E	Business and consumer affairs 10 Constitutions and elections 11	Higher education Human services			4	
04 🔲 E	Education 12 🗍	Labor				
06 🔲 E	Energy and utilities 13 Environmental affairs - natural 14 🔯	Law and justice Local government				
07 🔲 F	resources - parks 15 🗵 inancial institutions and 16 🔲	State government Technology				
	insurance 17 riscal 18	Transportation Other - Specify:			*	
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. LOBBYIS	T'S SIGNATURE	DATE	EMPLOYER'S SIGNATURE, NAME T	YPED OR PRI	NTED, AND TITLE DATE	
Su	ber whee	1-3-17	Chris Kealy, President		1-3-17	