

# LOBBYIST REGISTRATION

**L1**  
 (12/03)  
 THIS SPACE FOR OFFICE USE  
 JAN 09 2017

1. Lobbyist Name  
**Capitol Solutions**

Permanent Business Address  
**4101 Banbridge Loop SE**

City Olympia State WA Zip 98501

Business Telephone Numbers  
 Permanent ( )  
 Temporary ( )  
 Cell Phone (360) 600-8306  
 or Pager

E-Mail Address  
**marciafromhold@comcast.net**

2. Temporary Thurston County address during legislative session

3. Employer's name and address (person or group for which you lobby)  
**Cities Insurance Association of Washington**  
**451 Diamond Drive, Ephrata, WA 98823**

Employer's occupation, business or description of purpose of organization  
**Public entity insurance pools for cities**

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)  
**Wes Crago**  
**451 Diamond Drive, Ephrata, WA 98223**

E-Mail Address  
**wcrago@ephrata.org**

5. What is your pay (compensation) for lobbying?  
 \$ 833.33 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.)

**Marcia Fromhold**

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 type="checkbox"/> Human services
03 <input type="checkbox"/> Constitutions and elections	11 <input type="checkbox"/> Labor
04 <input type="checkbox"/> Education	12 <input checked="" 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 checked="" type="checkbox"/> State government
07 <input checked="" type="checkbox"/> Financial institutions and insurance	15 <input type="checkbox"/> Transportation
08 <input type="checkbox"/> Fiscal	16 <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

*Marcia Fromhold*      12/1/16      *[Signature]*      \_\_\_\_\_