

1. Lobbyist Name
Davor Gjurasic

Permanent Business Address
P.O. Box 22267 Olympia, WA 98508

City _____ State _____ Zip _____

Business Telephone Numbers
Permanent ()
Temporary ()
Cell Phone (360-561-1923)
or Pager

2. Temporary Thurston County address during legislative session
200 Union Ave SE, Olympia WA 98501

E-Mail Address
dgjurasic@comcast.net

3. Employer's name and address (person or group for which you lobby)
Swinomish Indian Tribal Community, 11404 Moorage Way, LaConnor, WA 98257

Employer's occupation, business or description of purpose of organization
Sovereign Government for the Swinomish Indian People

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.)
Brian Cladoosby (Same address as above)

E-Mail Address
bcladoosby@swinomish.nsn.us

5. What is your pay (compensation) for lobbying?
\$ 7,500.00 _____ per _____ Month _____
(hour, day, month, year)
Other: Explain:

Description of employment (check one or more boxes)

<input type="checkbox"/> Full time employee	<input checked="" 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? No
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 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.
 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.)
NA

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

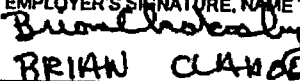
Remarks:

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

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE DATE
Brian Cladoosby 12-13-18
BRIAN CLADOOSBY CHAIRMAN

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

12. LOBBYIST'S SIGNATURE DATE
 12/14/2018

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE DATE
 12-13-18
BRIAN CLADOOSBY CHAIRMAN