



LOBBYIST REGISTRATION

L1
(12/14)

THIS SPACE FOR OFFICE USE
DATE FILED PDC
JAN 13 2017

1. Lobbyist Name Melissa McCabe Gombosky		Business Telephone Numbers Permanent (360) 878-0783 Temporary () Cell Phone () or Pager																																													
Permanent Business Address 2312 Wedgewood Drive SE		E-Mail Address melissagombosky@gmail.com																																													
City Olympia	State WA	Zip 98501	Employer's occupation, business or description of purpose of organization Education																																												
2. Temporary Thurston County address during legislative session		E-Mail Address ejohnson@wasa-oly.org																																													
3. Employer's name and address (person or group for which you lobby) Washington Association of School Administrators		Employer's occupation, business or description of purpose of organization Education																																													
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.) Evelyn Johnson; WASA, 825 5 th Ave SE, Olympia WA 98501		E-Mail Address ejohnson@wasa-oly.org																																													
5. What is your pay (compensation) for lobbying? \$ 3800.00 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"/> Part time or temporary employee <input checked="" type="checkbox"/> Contractor, retainer or similar agreement <input type="checkbox"/> Unsalariated officer or member of group <input checked="" type="checkbox"/> Sole duty is lobbying <input type="checkbox"/> Lobbying is only a part of other duties																																														
6. Are you reimbursed for lobbying expenses? Explain which expenses. <input type="checkbox"/> Yes: \$ _____ per _____ <input checked="" type="checkbox"/> Yes: I am reimbursed for expenses. <input type="checkbox"/> 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? <input checked="" type="checkbox"/> Permanent lobbyist <input type="checkbox"/> Only during legislative session <input type="checkbox"/> 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. <input type="checkbox"/> No <input type="checkbox"/> Yes. However, no member or funder has paid, pays, or is expected to pay over \$1,450. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> No <input type="checkbox"/> 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.)																																															
11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:		Remarks:																																													
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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 <i>Melissa McCabe Gombosky</i>	DATE 12.26.16	EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE Bill Keim, Executive Director	DATE <i>Phil Keim</i> 12/14/16																																												

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