



**PUBLIC DISCLOSURE COMMISSION**  
 711 CAPITOL WAY RM 206  
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 (360) 753-1111  
 TOLL FREE 1-877-601-2828

**L2**  
1/02

PDC OFFICE USE

**Lobbyist Monthly Expense Report**  
 (as required by Chapter 397, 1995 Session Laws)

DATE FILED

NOV 02 2016

1. Lobbyist Name  
**Ed Field**

Mailing Address  
**PO Box 1256**

City **Quincy** State **WA** Zip + 4 **98848-1686**

2. This report is for the period **October 2016** (Month) (Year)

This report corrects or amends the report for (Month) (Year)

New Address?  Yes  No

509-787-2921

Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER		
			Employer No. ___ Column B	Employer No. ___ Column C	Employer No. ___ Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ 0.00			\$	\$
4. PERSONAL EXPENSES for travel, food and refreshments	\$ 0.00	\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$0.00				
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$0.00	\$		\$	\$

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES No. \_\_\_ (B)

Washington Cattle Feeders Association No. \_\_\_ (C)

No. \_\_\_ (D)

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.

Subject Matter, Issue or Bill No. Legislative Committee or State Agency Considering Matter Employer Represented

Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature \_\_\_% State Agencies \_\_\_%.

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends: \_\_\_\_\_ Employer's name: \_\_\_\_\_

I understand that an L-2 report is required for any month or portion thereof in which I am a registered lobbyist. I also understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future. All registrations terminate automatically on the second Monday in January of each odd numbered year.

CERTIFICATION

I certify that this report is true and complete to the best of my knowledge.

LOBBYIST SIGNATURE *Ed Field*

DATE 11/3/2016