Jerald E. Farley

(360) 753-1111 TOLL FREE 1-877-601-2828 L2

September 4,2017

CONTINUE ON REVERSE

PDC OFFICE USE

SEP 05 2017

Lobbyist Monthly Expense Report

SEP 05 2017 (as required by Chapter 397, 1995 Session Laws) 1. Lobbyist Name Jerald E. Farley Mailing Address 16526 Shore Drive Northeast $Z_{1D} + 4$ Lake Forest Park 98155-5631 Washington New Address? ☐ Yes XXXNo 2. This report is This report corrects or **Business Telephone** August 2017 for the period amends the report for (206)/713-3388 (Year) (Month) (Year) ALL COMPLETE THIS PART COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the Amount attributed to each employer lobbyist incurred during the reporting period TOTAL AMOUNT Amounts paid from THIS MONTH lobbyist's own funds, Employer Employer Employer All employers plus not reimbursed or No. 1 No. ___ No. own expense attributed to an **Expense Category** (Columns a + b + c employer. + d and attached Column B Column C Column D Column A pages) COMPENSATION earned from employer for lobbying this period (salary, wages, retainer) \$10,000.00 \$10**,**000**.**0**¢** PERSONAL EXPENSES for travel, food and refreshments 000.00 000.00 5 ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15) 000.00 000.00 CONTRIBUTIONS to elected officials, candidates and political committees (See #16) 000.00 000.00 ADVERTISING, PRINTING, INFORMATIONAL LITERATURE 000.00 000.00 POLITICAL ADS, P IBLIC RELATIONS, POLLING. TELEMARKETING, ETC. (See #17) 000.00 000.00 OTHER EXPENSES AND SERVICES (See #18) 000.00 000.00 10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH \$10,000.0b\$ \$10**,**0000.0\$ (Attach additional page(s) if you lobby for more than three employers.) 11. EMPLOYERS Consumer Fireworks Safety Association NAMES 4.996.00 12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing. SHG W. 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 100 (% 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. **WBBYIST SIGNATURE** DATE

Continued on attached page

none

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Lobbyist Name				-
JE	RALD E. FARLEY	Reporting Jul		
entertaini • Entertai • Recepti • Travel I • Enrollm Lobbyists	of the following expenditures that were incurred by lobbyist or long the total amount column, show the total amount spent for in the total amount spent for ing each individual, as shown in the example, memority expenditures exceeding \$50 per occasion (including lobbyons. See WAC 390-20-020A, L-2 Reporting Guide, to determine odging and subsistence expenses in connection with a speech, ent and course fees in connection with a seminar or educational must provide an elected official with a copy of the L-2 or Memority or her family member(s); or 2) providing travel, lodging, subsistence in the total amount of the family member(s); or 2) providing travel, lodging, subsistence in the total amount of the family member(s); or 2) providing travel, lodging, subsistence in the total amount of the family member(s); or 2) providing travel, lodging, subsistence in the total amount of the	yist's expense) for meals, beverages, tickets, e if per person cost is required. presentation, appearance, trade mission, sel program.	passes, or for other forms of entertains minar or educational program.	actual amount spent
Date mm/dd/year	Names of all Persons Entertained or Provided Travel, etc. Include actual amounts spent for entertainment Example: Sen Bow (\$32), Rep Arrow (\$28), and J. D. Lobbyist (\$36)	Description, Place, etc.	Sponsoring Employer	Total Amount
,	tax & gratuity (\$25,41)	Dinner at Anthony's, Olympia	XYZ Corporation	\$121.41
		•		\$ none
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N/A	Total expenses itemized on attached Memo Reports	1	1	
☐ Continued	l on altached pages.	, r		*
local or st	ary or in-kind contribution exceeding \$25 was given or transmitt didates or elected officials; local and state officers or employees ate ballot proposition. If a contribution exceeding \$25 was giver lying campaign.	; political committees supporting or opposing to the following, Itemize the contribution beli	p any candidate, elected official, officer ow: a caucus political committee; a po	io Report: local and or employee or any litical party, or a grass
Date	Name of Individual or Committee Receiving Contribution	Source of Contribution		Amount
	·			
	·			\$ none
	,		·•	,
	•			
			£ 1	
			-	
		· ·		•
	, ,		•	-
N/A	Total contributions itemized on attached Memo Reports		·	l
If contribu	1			•
on C-4 re	itions were made directly by a political action committee associa port need not be again included in this L-2 report.)			•
	on attached pages. PAC Name: COI	nsumer Fireworks Sa	afety Associatio	n PAC
attached	res for: a) political advertising supporting or opposing a state o r indirectly are lobbying-related must be itemized by amount, ver page that t iso shows lobbyist name and report date. Put the ac	r local candidate or ballot measure; or b) put ndor or person receiving payment, and a brief	olic relations, telemarketing, polling or s f description of the activity. Itemize eac	amilar activities that h expenditure on an
18. Payments	s by the lobbyist for other lobbying expenses and services, includence in lobbying and payments for grass roots lobbying campaig	in a grade total of these experiments on line o.	****	
Date	Recipient's Name and Address		•	
		Employer for Whom Ex	pense was incurred	Amount