DISCLOSURE COMMISSION
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PDC OFFICE USE

CONTINUE ON NEXT PAGE

DATE FILED PDC

JAN 18 2018

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

Lobbyist Name ROGER G. FERRIS Mailing Address P. O. BOX 134 Zip + 4 City New Address? ☐ Yes 🛣 No <u>98507-0134</u> OLYMPIA This report corrects or Business Telephone This report is 2017 DEC amends the report for for the period (360)943 - 3880 (Year) (Month) (Year) (Month) COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER **ALL COMPLETE THIS PART** Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist Amount attributed to each employer incurred during the reporting period **TOTAL AMOUNT** Amounts paid from THIS MONTH Employer lobbyist's own funds, Employer Employer All employers plus not reimbursed or No. 1__ No. No. own expense attributed to an employer. (Columns a + b + c **Expense Category** + d and attached Column B Column C Column D Column A pages) COMPENSATION earned from employer for lobbying this period (salary, wages, retainer) \$ PERSONAL EXPENSES for travel, food and refreshments \$ ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15) CONTRIBUTIONS to elected officials, candidates and political committees (See #16) ADVERTISING, PRINTING, INFORMATIONAL LITERATURE 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 \$ 0.00 (Attach additional page(s) if you lobby for more than three employers.) 11. EMPLOYERS No. $\frac{1}{1}$ (B) WASHINGTON FIRE COMMISSIONERS ASSOCIATION NAMES 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: State Agencies 14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION) Date registration ends: Employer's name: Lunderstand 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 SIGNATUR DATE 01/16/18

Lobbyist Name						
	ROGEI	R G. FERRIS		DEC 2017 (Year)		
15.	 5. Itemize all of the following expenditures that were incurred by lobbyist or lobbyist employer(s) for legislators, state officials, state employees and members of their immediate families. Show the actual amount incurred for each individual or the amount fairly attributed to each. • Entertainment expenditures exceeding \$25 per occasion (including lobbyist's expense) for meals, beverages, tickets, passes, or for other forms of entertainment. • Travel, lodging and subsistence expenses in connection with a speech, presentation, appearance, trade mission, seminar or educational program. • Enrollment and course fees in connection with a seminar or educational program. • Lobbyists must provide an elected official with a copy of the L-2 or Memo Report if the lobbyist reports: 1) spending on one occasion over \$50 for food or beverages for the official and/or his or her family member(s); or 2) providing travel, lodging, subsistence expenses or enrollment or course fees for the official and, if permitted, the official's family. 					
	Date 1	Names of all Persons Entertained or Provided Travel, etc.	Description, Place, etc.	1 Spangarna E-status	1 4	
	Date	Names of all Persons Effectioned of Provided Travel, etc.	Description, Flace, etc.	Sponsoring Employer	Amount	
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		,				
	N/A	Total expenses itemized on attached Memo Reports				
	18/7	Total expenses itemized on attached memo reports				
		Continued on attached pages.				
16.	If a monetary or in-kind contribution exceeding \$25 was given or transmitted by the lobbyist to any of the following, itemize the contribution below or on a Memo Report: local and state candidates or elected officials; local and state officers or employees; political committees supporting or opposing any candidate, elected official, officer or employee or any local or state ballot proposition. If a contribution exceeding \$25 was given to the following, itemize the contribution below: a caucus political committee; a political party; or a grass roots lobbying campaign.					
	Date	Name of Individual or Committee Receiving Contribution	Source	of Contribution	. Amount	
		·				
					\$	
		•				
	N/A	N/A Total contributions itemized on attached Memo Reports				
	If contributions were made directly by a political action committee associated, affiliated or sponsored by your employer, show name of the PAC below. (Information reported by PAC on C-4 report need not be again included in this L-2 report.)					
	on o-4 report field not be again included in this t-2 report)					
<u></u>		Continued on attached pages. PAC Name:				
17.	Expenditures for: a) political advertising supporting or opposing a state or local candidate or battot measure; or b) public relations, telemarketing, politing or similar activities that directly or indirectly are lobbying-related must be itemized by amount, vendor or person receiving payment, and a brief description of the activity. Itemize each expenditure on an					
18.	attached page that also shows lobbyist name and report date. Put the aggregate total of these expenditures on line 8. Payments by the lobbyist for other lobbying expenses and services, including payments to subcontract lobbyists, expert witnesses and others retained to provide lobbying services or					
	assistance in lobbying and payments for grass roots lobbying campaigns (except advertising/printing costs listed in Item 7).					
	Date	Recipient's Name and Address	Employer for Who	om Expense was Incurred	Amount	
					\$	
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		•				
	Continued on attached page					