PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908

Employer's

THIS SPACE FOR OFFICE USE

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	OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828	Lobbying F	Expenses	L5	DAT	E FILED PL
Ľ	1-800 CONTACTS Lemployer's Name (Use complete company, association, union or 1-800 CONTACTS			1/15	- FE	B 28 2018
	Attention (Identify person to whom inquiries about the informatic	on below should be directed; NO	T the lobbyist.)			
\vdash	Allison Fleming Mailing Address		,,		1	
	261 W Data Drive		Telephone		-	
厂	City State		(517) 329 -2458	l	1	
	Draper UT	Z _{1p} + 4 84020	E-Mail Address	I	Year Report (Covers
7	HIS REPORT MUST BE FILED BY THE VACOR BARNES		afleming@1800contacts	.com		
2	HIS REPORT MUST BE FILED BY THE LAST DAY OF FEB. //ashington State Legislature and/or any state agency. Complete Identify each of your lobbyists/lobbying firms below. In column (plus obligated) for other lobbying related expenses that were mad legislative candidates, reimbursement for entertainment expenses, through lobbyists in the space designated. Names of Registered Lobbyists (if payments were to lobbying fin	show the full amount of salary te by or through the lobbyist and etc.). Compute the subtotals acr	Or fee each earned for to	hhuina I		
В	in Clarke (\$17,300 listed in "Other" is subcontracted a	rm, list firm name)	Col 1-Salary	Col	2-Other	Total Amount
P	ublic Affairs)	mount paid to Ludeman	\$ 17,500) s	17,500	35,000
			 			
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		Total From Attached Page				
	Information continued on attached pages		Total Fun			
De	NOT INCLUDE EXPENDITURES ALREADY ACCOUNTED Other expenditures made by the genelage for Life	FOR IN FTEM 2 A PONTE	Total Expenses	By or Throu	gh Lobbyists	35,000
3.				rough 7 bel	low.	
	or better or or in support of registered tobbyists (e.	E., entertainment credit cord number	hanna).	ł		
	the employer's lobbying effort;	lobbying services who offer spe	cialized knowledge or ex	pertise that a	ssists	0
	 c. for entertainment, tickets, passes, travel expenses (e.g., transpolegislators, state officials, state employees and members of their for companies designed. 	rtation, meals, lodging, etc.) and ir immediate families; (Also com-	enrollment or course fees	provided to		0
	 for composing, designing, producing and distributing information 	onal materials for use primarily a	n influence to the co	ıd İ		0
	to clients/customers (other than to corporate stockholders and n	ported by employer on Form L-	, and payments for lobby	ing commun	ications	0_
4.	committees supporting or opposing statewide halfet measures. (Ale	cutive office, committees support	ing or opposing these car	ididates, or	****	0
	a. Contributions made directly by the employer, including those pp b. If contributions were made by a political committee associated, (Information reported by the PAC on C-4 reports need not be as)			me helow		0
	(Information reported by the PAC on C-4 reports need not be ag Name of PAC	gain included as part of this L-3 r	eport.)			0
5.	Independent expenditures supporting or opposing a candidate for leg complete Item 11.)	gislative or statewide executive o	ffice or a statewide ballot	measure. (/	Also	
6.	Expenditures to or on behalf of legislators, state officials, or their spinfluencing, honoring or benefiting the legislator or official. (Norma Other lobbying-related expenditures, whether through a result of the control of the con		,	*		0
7.	Other lobbying-related expenditures, whether through or on behalf o recipient, purpose and amount). Do not include payments accounted	- vouse of ousmess payments an	re not reportable.) (Also c st itemizing each expense	omplete Iten (i.e., show d	n 14.)	0
	r-ymens accounted	LOI BOOYC.		e de la companya de l		0
			Total I	obbying Ex	rpenses \$	0
3. '	This report must be certified by the president, secretary-treasurer or s	similar office of lobbyingt		(Items 2		<u> </u>
JEX.	incation: I certify that this report is true, complete and compact		ver. ature of Employer Officer			·
	ed Name and Title of Officer: Allison Fleming, Director of C		Luin Corneer		02	Date - 21-2018
	Amon Feming, Director of C	Jovernment Affairs 1000	<u> </u>	<u>/ : </u>		

9. Entertainment, tickets, passes, travel expenses (including transportation, metals, folgang, etc.) and enrollment or course foes provided to legislators, state officials, state employees and members of their immediate families. See instruction manual for details. Cost or Value	Employer's Name						
9. Entertainment, tickets, passes, travel expenses (including temporation, meals, lodging, cto.) and enrollment or course fees provided to legislators, state officials, state employees and members of their immediate familis. See instruction minusal for details. Name and Title Cost or Value	1-800 CONTACTS			Year report covers:			
Information continued on attached pages	9. Entertainment, tickets, passes travel expenses (incl.)	9. Entertainment tickets pages touch					
Information continued on attached pages	employees and members of their immediate families.	ng transportation, meals, lodging, et	tc.) and enrollment or	course fees provid	ed to legislators, state officials, state		
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Information continued on attached pages	1		Cost or Value	D	ate and Description of Expense		
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A - \$1 to \$4,499 B - \$4,500 to \$23,999 D - \$48,000 to \$119,999		- Th. 11-0	**DOLL	AR			
B - \$4,500 to \$23,999							
D - 94,300 to 323,999	A - \$1 to \$4,49	9	D-5	\$48,000 to \$119.9	99		
Q = 424,000 to 347,379	C - \$24,000 to						

INFORMATION CONTINUED (Use this page if you need additional space for Items 2 or 9)

Employer's Name

. 1-800 CONTACTS			Year repo	ort covers:	
2. Names of Registered Lobby	rists		2017		
			Col 1-Salary	Col 2-Other	Total Amount
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	Total	From This Page			
9. Entertainment, etc.			<u> </u>		
5. Emertanment, etc.	Name and Title				
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INFORMATION CONTINUED (Use this page if you need additional space for Items 10 or 11)

1-800 CONTACTS	Year report covers: 2017			
. Contributions	2017			
Name of Recipient	Amount \$	Date (and, if In-Kind, Description)		
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		name and a second		
Independent expenditures				
Candidate's Name, Office Sought & Party or Ballot Proposition Number & Brief Description	Amount	Date and Description of Expense (Note if Support or Oppose)		
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Employer's Name	Employer's Name			 ♀		
1-800 CONTACTS		r report covers:				
		2	017			
12. Compensation of \$2,400 or more for employment, etc.						
Name	Relationship to Candidate or Elected Official if Member of Family	Amount (Code)**	Description of	f Consideration or Services Exchanged for Compensation		
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12 Company tion of P2 400						
13. Compensation of \$2,400 or more for professional services			L			
Firm Name	Person's Name	Amount (Code)**	Description of	Consideration or Services Exchanged for Compensation		
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		I				
14. Any expenditure not otherwise reported						
Name		Amount		Date and Purpose		
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**DOLLAR
CODE AMOUNT

A - \$1 to \$4,499 B - \$4,500 to \$23,999 C - \$24,000 to \$47,999

**DOLLAR
CODE AMOUNT

D - \$48,000 to \$119,999 E - \$120,000 or more