DISCLOSURE COMMISSION

Printed Name and Title of Officer;

Employer's

THIS SPACE FOR OFFICE USE

OLYMPIA WA	98504-0908	roppying r	xpenses	1	•		
(360) 753-1111 TOLL FREE 1-877-601-2828				1/15	DATE FIL	ب ساء ماشق	
Employer's Name (Use complete companies)	·	name.)		<u> </u>			
PacifiClean Enviornmental of WA, LLC						FEB 27 2017	
Attention (Identify person to whom inqui	ries about the information belo	ow should be directed; NO	T the lobbyist.)		ILD -	•	
Mailing Address			Telephone				
111 N Post St, Suite 200			(509) 944-4611				
City	State	Zip + 4	E-Mail Address		Year Report Cov	vers	
Spokane WA		99201	saraw@pacificlean.net		2016		
THIS REPORT MUST BE FILED BY THE Washington State Legislature and/or any si	E <u>LAST DAY OF FEBRUA</u>	RY. Include expenditure	s made and accrued du		s calendar year	for lobbying the	
 Identify each of your lobbyists/lobbying f (plus obligated) for other lobbying related legislative candidates, reimbursement for through lobbyists in the space designated. 	irms below. In column 1, she lexpenses that were made by entertainment expenses, etc.)	ow the full amount of salar or through the lobbyist and Compute the subtotals ac	y or fee each earned for le reported by the lobbyist ross and down the column	on the monthly ins; put the grand	L-2 report (e.g., of total of expenses	contributions to s incurred by or	
Names of Registered Lobbyists (if paym	ents were to lobbying firm. li	st firm name)	Col 1-Salary	Col 2-	Other	Total Amount	
Scott A. Cave, S.C. Communications			\$ 5822.5	1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5822.50	
			002210			0022.00	
						• %	
		Total From Attached Pa	ge				
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☐ Information continued on attached pages	**	,	Total Expense	s By or Through	Lobbyists \$	-5822.50	
DO <u>NOT</u> INCLUDE EXPENDITURES AL	READY ACCOUNTED FO	OR IN ITEM 2 ABOVE w	hen completing Items 3	through 7 belo	N ;		
Other expenditures made by the employer	for lobbying purposes. Show	v total expenditures made	e/accrued:				
a. to vendors on behalf of or in support	of registered lobbyists (e.g., e	ntertainment credit card pu	rchases);		\$	ar a a sure suppose	
b. to or on behalf of expert witnesses or the employer's lobbying effort;	others retained to provide lob	bying services who offer s	pecialized knowledge or e	expertise that ass	ists	1 A * 5 t to 5	
c. for entertainment, tickets, passes, trav legislators, state officials, state emplo				es provided to		~ .	
d. for composing, designing, producing and distributing informational materials for use primarily to influence legislation; and							
e. for grass roots lobbying expenses, including those previously reported by employer on Form L-6, and payments for lobbying communications to clients/customers (other than to corporate stockholders and members of an organization or union).							
4. Political contributions to candidates for legislative or statewide executive office, committees supporting or opposing these candidates, or							
committees supporting or opposing statew	vide ballot measures (Also co	omplete Item 10.)			-	و بالمنافذ المام و المنافذ المام و المنافذ الم	
		· •					
b. If contributions were made by a politic (Information reported by the PAC on				name below.			
Name of PAC		,	V.				
 Independent expenditures supporting or opposing a candidate for legislative or statewide executive office or a statewide ballot measure. (Also complete Item 11.) 							
6. Expenditures to or on behalf of legislators, state officials, or their spouse, registered domestic partner and dependents for the purpose of influencing, honoring or benefiting the legislator or official. (Normal course of business payments are not reportable.) (Also complete Item 14.)						·	
7. Other lobbying-related expenditures, whether through or on behalf of a registered lobbyist. Attach list itemizing each expense (i.e., show date, recipient, purpose and amount). Do not include payments accounted for above.						A Mark of the last	
Total Lobbying Expen					penses \$	5822.50	
Exist and I have a	Application of	+ + y -		(Items 2	thru 7)		
8. This report must be certified by the presid	ent, secretary-treasurer or sim	nilar office of lobbying emp	oloyer.			min a disprimentation some superior Signe	
Certification: I certify that this report is tr knowledge.	ue, complete and correct to	the best of my S	ignature of Employer Off	icer		Date	
RYAN LEONG	General Manad	ger (2,	124/17	
<i>y</i> .		, 1		_	•		

CONTINUE ON REVERSE