DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908

Employer's

THIS SPACE FOR OFFICE USE

	OLYMPIA WA 98504-0908	Lobbying E	xp	penses			APR 06 2017			
	(360) 753-1111 TOLL FREE 1-877-601-2828		•		1/	/15		- 11	ED PD	_
1.	Employer's Name (Use complete company, association, union	or entity name.)			,		AP	R 06;	?017	<i>-</i> 3
_	Attention (Identify person to whom inquiries about the information)			lobbyist.)			-	`	0//	
	Wiedi Jahnsan									
1	Mailing Address 1831- Beverly PKRd,	B-2	Teler	phone 25493	3.59	100				
r	City State	Zip+4		ail Address		, ,	Year Repor	Covers	1-	
<u> </u>	EVERETT WA	98007		ed j c				201		
Was	S REPORT MUST BE FILED BY THE <u>LAST DAY OF F</u> hington State Legislature and/or any state agency. Compl	EBRUARY. Include expenditure ete all sections. Use "none" or "0"	mad whe	n applicable.	ed during	the previ	ous calendar y	ear for lo	bbying the	
	Identify each of your lobbyists/lobbying firms below. In colu- (plus obligated) for other lobbying related expenses that were legislative candidates, reimbursement for entertainment expensionable lobbyists in the space designated.	made by or through the lobbyist and	repor	ted by the lob	byist on t	he monthl	y L-2 report (e	.g., contrib	utions to	~~************************************
	Names of Registered Lobbyists (if payments were to lobbyin	g firm, list firm name)		Col 1-Sal	lary	Col	2-Other	Tota	al Amount	
-	Cody Arledge	14	50	18.40	0,00	15 A.	775.00	15101	,175,	0
	2014 / 11 / 201					,,,,,				
			-							—
	•	Total From Attached Page	ge							
	Information continued on attached pages						igh Lobbyists	\$101	,175.	_
	NOT INCLUDE EXPENDITURES ALREADY ACCOUN				ems 3 thr	ough 7 be	low.			
	Other expenditures made by the employer for lobbying purpos a. to vendors on behalf of or in support of registered lobbyist	•					· , ,	\$		
1.	b. to or on behalf of expert witnesses or others retained to prothe employer's lobbying effort;			* *	ge or expe	ertise that	assists	-	***************************************	
	c. for entertainment, tickets, passes, travel expenses (e.g., tra legislators, state officials, state employees and members o				urse fees p	orovided to)			
	d. for composing, designing, producing and distributing informational materials for use primarily to influence legislation; and									
percental se	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.	4. Political contributions to candidates for legislative or statewide executive office, committees supporting or opposing these candidates, or committees supporting or opposing statewide ballot measures. (Also complete Item 10.)							andered on the		
	a. Contributions made directly by the employer, including th				*					_
	b. If contributions were made by a political committee associated, affiliated or sponsored by the employer, show the PAC name below. (Information reported by the PAC on C-4 reports need not be again included as part of this L-3 report.)									
5	Name of PAC Independent expenditures supporting or opposing a candidate	for logislative or statemide evenutiv	- ee	o or o staterni	ida hallat :		(Alco			٠
	complete Item 11.)	for legislative of statewide executiv	onic	e or a statew	ide vallot	measure.	(AISO		•	
	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.)									
	Other lobbying-related expenditures, whether through or on be recipient, purpose and amount). Do not include payments according to the control of the contro		ı list i	temizing eacl	h expense	(i.e., show	date,		r dr. no.	
					Total L	obbying l	Expenses	s 101	,175.	00
,						(Items	2 thru 7)	And the second s		_
	This report must be certified by the president, secretary-treasu tification: I certify that this report is true, complete and co			re of Employ	er Officer		1	n	Pate	<u>`</u>
	wledge. Dennis M. Katse	니		o. impioy	0111001		. /			
F	incl-Secretary Tre	asurer	7	ئــ د	. M.	KI	4	2-7	8-17)
Prin	ted Name and Title of Officer:					• \	•		· ·	

L3

Employer's Name Year report covers:							
9. Entertainment, tickets, passes, travel expenses (including transportation, meals, lodging, etc.) and enrollment or course fees provided to legislators, state officials, state employees and members of their immediate families. See instruction manual for details.							
Name and Title	instruction manual for details.	Cost or Value	Date and Description of Expense				
		\$					
,							
☐ Information continued on attached pages			-				
10. Contributions (not reported by the lobbyist) totaling over \$25 to a legislative or statewide executive office candidate, a committee formed to support or oppose one of these candidates or a committee supporting or opposing a statewide ballot measure. Do not list employer-affiliated PAC contributions.							
Name of Recipient	والرابية للمنا والمعالم	Amount	Date (and, if In-Kind, Description)				
		\$					
·							
☐ Information continued on attached pages							
11. Independent expenditures in support of or opposition to a) See instruction manual for definition of "independent"		e office candidate or b	a statewide ballot proposition.				
Candidate's Name, Office Sought & Ballot Proposition Number & Brief De		Amount	Date and Description of Expense (Note if Support or Oppose)				
·		\$					
		Ψ					
Information continued on attached pages							
12. Compensation of \$2,400 or more during the preceding calcoffice and each member of their immediate family.	endar year for employment or prof	essional services paid	to state elected officials, successful candidates for state				
Name	Relationship to Candidate or Elected Official if Member of	Amount (Code)**	Description of Consideration or Services Exchanged for Compensation				
	Family		Compensation				
_		. t					
Information continued on attached pages 13. Compensation of \$2,400 or more during the preceding cal-	endar year for professional service	s paid to any corporati	on, partnership, joint venture, association or other entity				
in which state elected official, successful state candidate o			hip, directorship or ownership interest of 10% or more.				
Firm Name	Person's Name	Amount (Code)**	Compensation				
			· ·				
☐ Information continued on attached pages							
	14. Any expenditure, not otherwise reported, made directly or indirectly to a state elected official, successful candidate for state office or member of their immediate family, if made to honor, influence or benefit the person because of his or her official position.						
Name	ins of her official position.	Amount	Date and Purpose				
•		\$					
☐ Information continued on attached pages							

**DOLLAR
CODE AMOUNT

**DOLLAR
CODE AMOUNT

A - \$1 to \$4,499 B - \$4,500 to \$23,999 C - \$24,000 to \$47,999 D - \$48,000 to \$119,999 E - \$120,000 or more

INFORMATION CONTINUED

L3

(Use this page if you need additional space for Items 2 or 9) Employer's Name Year report covers:				
2. Names of Registered Lobbyists	Col 1-Salary	Col 2-Other	Total Amount	
	\$	\$	\$	
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	and the second s	, of any oth schools	``-	
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	<u> </u>			
Total From This Page				
9. Entertainment, etc.	,	· · · · · · · · · · · · · · · · · · ·		
Name and Title	Cost or Value	Date and Descripti	on of Expense	
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(Use this page if you need additional space for Items 10 or 11)
Employer's Name Year report covers: 10. Contributions Name of Recipient Amount Date (and, if In-Kind, Description) \$ 11. Independent expenditures Candidate's Name, Office Sought & Party or Ballot Proposition Number & Brief Description Date and Description of Expense (Note if Support or Oppose) Amount

INFORMATION CONTINUED (Use this page if you need additional space for Items 12 thr

Employer's Name	loyer's Name Year report covers:					
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 Consideration or Services Exchanged for Compensation			
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13. Compensation of \$2,400 or more for professional services	3					
Firm Name	Person's Name	Amount (Code)**	Description of Consideration or Services Exchanged for Compensation			
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	•					
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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