DISCLOSURE COMMISSION

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711 CAPITOL WAY RM 206

Employer's

THIS SPACE FOR OFFICE USE

| | OLYMPIA WA 98504-0908 Lobbying Ex (360) 753-1111 TOLL FREE 1-877-601-2828 | | pense | es | LJ | DATE FILED PDC | | | |
|--|--|---|--------------|-----------------|------------------|------------------------|---|------|-----------------------|
| 1. Employer's Name (Use complete company, association, union or entity name.) Global Discoveries, Ltd | | | | | FEB 1 5 2018 | | | | |
| | Attention (Identify person to whom inquiries about t | he information below should be directe | ed; NOT th | e lobbyist. |) | · | - | | |
| | Mark Skilling Mailing Address | | | | | | | | |
| • | 1120 13th St. Suite A | | Te | lephone (209 |) 593 | -3939 | | | |
| | City Stat Modesto | CA 95345 | ltd | .co, | cilling@gd | | | 2017 | |
| 71 A3L | S REPORT MUST BE FILED BY THE <u>LAST D</u> oington State Legislature and/or any state agency | . Complete all sections. Use "none" | or "0" wh | en applic | able. | | | | |
| le tl | dentify each of your lobbyists/lobbying firms below plus obligated) for other lobbying related expenses t gislative candidates, reimbursement for entertainment trough lobbyists in the space designated. | and were made by or through the lobby on expenses, etc.). Compute the subto | rict and rem | neted by th | e lobby ist on | the monthly | . I 7 (- | | |
| | lames of Registered Lobbyists (if payments were to and Associates | o lobbying firm, list firm name) | | Col 1 | -Salary 20000 | Col: | 2-Other 418.81 | s | Total Amount 20418.81 |
| | | | | | | | | | ` |
| | | | | | | | | | |
| | | Total From Attach | ed Page | | | | | | |
| | formation continued on attached pages | | | | al Expenses E | | | \$ 2 | 0418.81 |
| | OT INCLUDE EXPENDITURES ALREADY A ther expenditures made by the employer for lobbyin | ************************************** | | | g Items 3 thr | ough 7 belo | DW. | | |
| a. | to vendors on behalf of or in support of registered | lobbyists (e.g., entertainment credit ca | ard purchas | es); | | | | s | 0 |
| | b. to or on behalf of expert witnesses or others retained to provide lobbying services who offer specialized knowledge or expertise that assists the employer's lobbying effort; | | | | 0 | | | | |
| | c. for entertainment, tickets, passes, travel expenses (e.g., transportation, meals, lodging, etc.) and enrollment or course fees provided to legislators, state officials, state employees and members of their immediate families; (Also complete Item 9.) | | | | | 0 | | | |
| | d. for composing, designing, producing and distributing informational materials for use primarily to influence legislation; and | | | | | 0 | | | |
| | 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). | | | | | 0 | | | |
| CO | 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.) a. Contributions made directly by the employer, including those previously reported on PDC Form L-3c. | | | | | | | | |
| b. | 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.) | | | | 00 | | | | |
| 5. In e | Name of PACdependent expenditures supporting or opposing a ca | ndidate for legislative or statewide exe | cutive offic | ce or a stat | ewide ballot : | measure. (A | Mso | | |
| complete item [1.] 5. Expenditures to or on behalf of legislators, state officials, or their shouse, registered domestic partner and dependents for the surrocce of | | | | | :- | | 0 | | |
| influencing, honoring or benefiting the legislator or official. (Normal course of business payments are not reportable.) (Also complete Item 1.) Other lobbying-related expenditures, whether through or on behalf of a registered lobbyist. Attach list itemizing each expense (i.e. show data.) | | | | | | | 0 | | |
| rec | cipient, purpose and amount). Do not include payme | ents accounted for above. | | _ | | | - | | 0 |
| | | | | 778.22.4 | Total L | obbying Ex (Items 2 | . | \$ | 20418.81 |
| | is report must be certified by the president, secretary | | g employer | • | | , | | | |
| Certifi anowle | cation: I certify that this report is true, complete edge. | and correct to the best of my | Signatu | re of Empl | loyer Officer | | | | Date |
| | | | ` / | | De | | | Ч | 2418 |

Printed Name and Title of Officer: MARK SKILLING

GENERAL COUNSEL

CONTINUE ON REVERSE

| Employer's Name Global Discoveries, Ltd | | Year report covers: 2017 | | | | |
|--|--|--|---|--|--|--|
| 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 | | Cost or Value | Date and Description of Expense | | | |
| None | | \$ | | | | |
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| ☐ Information continued on attached pages | | | | | | |
| 10. Contributions (not reported by the lobbyist) totaling over candidates or a committee supporting or opposing a state. | \$25 to a legislative or statewide ex | ecutive office candidate | te, a committee formed to support or oppose one of these | | | |
| Name of Recipient | wide parior measure. Do not list en | Amount Date (and, if In-Kind, Description) | | | | |
| None | | \$ | | | | |
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| Information continued on attached pages 11. Independent expenditures in support of or opposition to a | A a la cialestica a material a manetic | a a OS an ann didata an h | Na cestanida hallat manuaritian | | | |
| See instruction manual for definition of "independent | | e office candidate of b | o) a statewide banot proposition. | | | |
| Candidate's Name, Office Sought & Ballot Proposition Number & Brief De | | Amount | Date and Description of Expense (Note if Support or Oppose) | | | |
| - | | r | (| | | |
| None | | \$ | | | | |
| ☐ Information continued on attached pages | | | | | | |
| 12. Compensation of \$2,400 or more during the preceding cal | lendar year for employment or prof | essional services paid | to state elected officials, successful candidates for state | | | |
| office and each member of their immediate family. Name | Relationship to Candidate or | Amount (Code) 8 * | Description of Consideration or Services Exchanged for | | | |
| | Elected Official if Member of Family | , | Compensation | | | |
| | ranniy | | , | | | |
| None | | | | | | |
| ☐ Information continued on attached pages | | | | | | |
| 13. Compensation of \$2,400 or more during the preceding calendar year for professional services paid to any corporation, partnership, joint venture, association or other entity in which state elected official, successful state candidate or member of their immediate family hold office, partnership, directorship or ownership interest of 10% or more. | | | | | | |
| Firm Name | Person's Name | Amount (Code)** | Description of Consideration or Services Exchanged for | | | |
| • , | | | Compensation | | | |
| None | | | | | | |
| 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 | | Amount | Date and Purpose | | | |
| None | | \$ | | | | |
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| ☐ 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 (Use this page if you need additional space for Items 2 or 9)

| Employer's Name Year report covers: | | | | |
|--------------------------------------|----------------------|---------------|--------------------|---------------|
| | | | | |
| 2. Names of Regi | stered Lohhylsts | T C-17 S-1 | | |
| | | Col 1-Salary | Col 2-Other | Total Amount |
| | | +3 | \$ | \$ |
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| | Total From This Page | | | |
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| 9. Entertainment, e | | | | |
| | 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 0-45 4 | | | | | |
| 10. Contributions | Name of Recipient | Amount | Date (and, if In-Kind, Description) | | |
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| 11. Independent exp | | | | | |
| 11. Independent exp | Candidate's Name, Office Sought & Party or Ballot Proposition Number & Brief Description | Amount | Date and Description of Expense (Note if Support or Oppose) | | |
| | Ballot Proposition Number & Prief Description | | (Note if Support or Oppose) | | |
| | | 2. | | | |
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INFORMATION CONTINUED

(Use this page if you need additional space for Items 12 thru 14)

| Employer'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 | | | |
| 13. Company of \$2.400 are an a facility of \$1.000 are an a | | | | | | |
| 13. Compensation of \$2,400 or more for professional services Firm Name | Person's Name | Amount (Code)** | Description of Consideration or Services Exchanged for Compensation | | | |
| | | | | | | |
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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 \$23,699 C - \$24,000 to \$47,999

**DOLLAR CODE AMOUNT

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