PUBLIC DISCLOSURE COMMISSION

THIS SPACE FOR OFFICE USE

	PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111	Lobbying I	L3	DATE	FILED PDC			
1.	TOLL FREE 1-877-601-2828 Employer's Name (Use complete company, association, union or			,,	. ,			
	Attention (Identify person to whom inquiries about the information	on below should be directed; NO			FE	3 2 6 2018		
	Mailing Address		Telephone					
	P.D. BOX 500/2		H25) 9B5 42	867				
	City State BELLEVUE WA	Zip+4 98015-0012	E-Mail Address		Year Report	Covers		
	IS REPORT MUST BE FILED BY THE <u>LAST DAY OF FEE</u> shington State Legislature and/or any state agency. Complete			ing the previo	us calendar y	ear for lobbying the		
2.	Identify each of your lobbyists/lobbying firms below. In column (plus obligated) for other lobbying related expenses that were ma legislative candidates, reimbursement for entertainment expenses through lobbyists in the space designated.	de by or through the lobbyist an	reported by the lobbyist	on the monthly	L-2 report (e	g., contributions to		
	Names of Registered Lobbyists (if payments were to lobbying f	īrm, list firm name)	Col 1-Salary	Col 2	2-Other	Total Amount		
	WILLIAM E. BURRIS		18,000.	_		18,000.		
		Total From Attached Pa	ge		· · · · · · · · · · · · · · · · · · ·			
☐ Information continued on attached pages Total Expenses By or Through Lobbyists \$ 12								
	NOT INCLUDE EXPENDITURES ALREADY ACCOUNTS			through 7 belo	ow.			
	Other expenditures made by the employer for lobbying purposes. a. to vendors on behalf of or in support of registered lobbyists (e.g., entertainment credit card p	irchases);			s <u>B</u> ,60		
	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;							
	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.)							
	d. for composing, designing, producing and distributing information	•				0.00		
	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 statewide ballot measures. (Also complete Item 10.) a. Contributions made directly by the employer, including those previously reported on PDC Form L-3c 							
	b. If contributions were made by a political committee associate	ed, affiliated or sponsored by the	employer, show the PAC	name below.		0.00		
	(Information reported by the PAC on C-4 reports need not be again included as part of this L-3 report.) Name of PAC							
	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.)							
	Other lobbying-related expenditures, whether through or on beha recipient, purpose and amount). Do not include payments accour		h list itemizing each exper	nse (i.e., show	late,	0.00		
			Tota	al Lobbying E		\$ 0.00		
8.	This report must be certified by the president, secretary-treasurer	or similar office of lobbying em	ployer.	(Items 2	2 thru 7)			
Cer	tification: I certify that this report is true, complete and correlated.		ignature of Employer Offi	cer		Date		
	JOSEPH, R. WALDRON, C	CUMIRMAN/TROM	Mu		-	2/25/18		
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Employer's Na	•					Year report covers:					
GUN	OWNER	ACTAN L	NACUS	00	WA		2017				
9. Entertainm	ent, tickets, passes, tra	avel expenses (includin	g transportation,	meals, lo	dging, etc.) and enrollment or co	urse fees provided to legislators, state officials, state				
employees	and members of their	immediate families. Se	ee instruction ma	anual for c	letails.						
_		Name and Title				Cost or Value	Date and Description of Expense				
						\$					
						Ψ .					
					_						
	continued on attached pa										
10. Contributio	ons (not reported by the	e lobbyist) totaling ove rting or opposing a state	r \$25 to a legisle ewide ballot me:	ative or sta	not list en	ecutive office candidate	te, a committee formed to support or oppose one of these				
	o. a committee suppe	Name of Recipient	ewide ballot life.	isuic. Do	not not on	Amount	Date (and, if In-Kind, Description)				
						7 Milouit	Date (and, if hi-Kind, Description)				
						\$					
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☐ Information	continued on attached pa	ges					1				
· · · · · · · · · · · · · · · · · · ·		<u> </u>	a) a legislative o	r statewid	e executiv	e office candidate or b) a statewide ballot proposition.				
See instru	ction manual for defi	nition of "independen	t expenditure."		o oncount	o office during date of o	y a suite vide buriot proposition.				
		Name, Office Sought &				Amount	Date and Description of Expense				
_	Ballot Propos	ition Number & Brief I	Description				(Note if Support or Oppose)				
	•					\$					
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	continued on attached pa										
12. Compensat	ion of \$2,400 or more each member of their i	during the preceding c	alendar year for	employme	ent or prof	essional services paid	to state elected officials, successful candidates for state				
office and e	Name	minediate family.	Relationshi	n to Candi	idate or	Amount (Code)**	Description of Consideration or Services Exchanged for				
_	Name		Elected Offi	cial if Me	mber of	Amount (Code)	Compensation				
_				amily			•				
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	*										
	continued on attached pa		11		,						
in which st	ion of \$2,400 or more	ccessful state candidate	aiendar year for or member of the	protessior leir imme	iai service: diate famil	s paid to any corporation when to any corporation of the corporation o	on, partnership, joint venture, association or other entity hip, directorship or ownership interest of 10% or more.				
//!!!	Firm Name			on's Name		Amount (Code)**					
\						,	Compensation				
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☐ Information of	continued on attached page	ges					·				
14. Any expend	liture, not otherwise r	eported, made directly	or indirectly to a	state elec	ted officia	l, successful candidate	for state office or member of their immediate family, if				
made to ho	nor, influence or bene	fit the person because o	of his or her offic	ial positio	n.						
		Name				Amount	Date and Purpose				
						\$					
						*					
				_							
_				-	İ						
Information o	continued on attached pag	ges									
**DOLLAR					**DOLL	AR					

CODE AMOUNT

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

CODE AMOUNT

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)				LO	
Employer's Name GUN OUNTERS ACTION LEAGUE OF WA		Year	report	covers: 2017	
2. Names of Registered Lobbyists	\equiv	Col 1-Salar	У	Col 2-Other	Total Amount
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Total From This Pa	ige			***	
9. Entertainment, etc.					
Name and Title		Cost or Value		Date and Descripti	ion of Expense
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(Use this page if you need additional space for Items 10 or 11) Year report covers: 1 CTON LINCUA DEWN 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 thru 14) Employer's Name Year report covers:								
1	OWNERS	ACDEN	LENCUK DE		2017			
	n of \$2,400 or more for							
12. Compensation	Name	improvincia, etc.	Relationship to Candidate of Elected Official if Member of Family	Amount (Code)**	Description of Consideration or Services Exchanged for Compensation			
		,						
13. Compensation	of \$2,400 or more for p	professional services	.		1			
	Firm Name		Person's Name	Amount (Code)**	Description of Consideration or Services Exchanged for Compensation			
-								
14. Any expendit	ure not otherwise report							
-		Name	3	Amount	Date and Purpose			
				\$				
		<u></u>	,					
			<i>at</i> 2					

**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

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Public Disclosure Commission

711 Capitol Way S. #206 PO BOX 40908 Olympia, WA 98504-0908 TRIED TO FILE ONLINE OVER THE WEEKEND

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