PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206

THIS SPACE FOR OFFICE USE

PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828		loyer's g Expenses	L3	PΔ¶ =	FILED PDC	
Employer's Name (Use complete company, association, union or entity name.) San Juan Sun Grown, LLC					,	
Attention (Identify person to whom inquiries about the infor	mation below should be directed;	NOT the lobbyist.)		APR	1 6 2018	
Mailing Address		Telephone		4		
621 E. Edgemont Drive		(224) 715 -:	3231			
City State	Zip + 4	E-Mail Address		Year Report	Covers	
Wenatchee WA 98801 E-Mail Address 1 2017						
THIS REPORT MUST BE FILED BY THE LAST DAY OF Washington State Legislature and/or any state agency. Com 2. Identify each of your lobbyists/lobbying firms below. In col	plete all sections. Use "none" o	r "0" when applicable.				-
(plus obligated) for other lobbying related expenses that wer legislative candidates, reimbursement for entertainment expethrough lobbyists in the space designated.	e made by or through the lobbyis:	t and reported by the lob	byist on the monthly	v I -2 report (e	g contributions to	
Names of Registered Lobbyists (if payments were to lobby	ing firm, list firm name)	Col 1-Sala	ary Col	2-Other	Total Amount	
Chris Marr		\$ 22,0	00.00 \$	0	s 22,000.00	,
	Total From Attached	d Page				
Information continued on attached pages		Total Ex	penses By or Throu	gh Lobbyists	\$ 22,000.00	,
DO NOT INCLUDE EXPENDITURES ALREADY ACCOU	NTED FOR IN ITEM 2 ABOV	E when completing Iter	ms 3 through 7 bel	ow.		
3. Other expenditures made by the employer for lobbying purpo					•	
a. to vendors on behalf of or in support of registered lobbyists (e.g., entertainment credit card purchases);					\$ 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; 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; (Alse	o complete Item 9.)			0	
d. for composing, designing, producing and distributing informational materials for use primarily to influence legislation; and					0	
					0	1 .
 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 associated, affiliated or sponsored by the employer, show the PAC name below.				• • • • • • • •	0	
(Information reported by the PAC on C-4 reports need not be again included as part of this L-3 report.) Name of PAC					0	
5. 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.)					. 0	
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.					0	
Total Lobbying Expenses			xpenses -	s 22,000.00		
(Items 2 thru 7)					\$ 22,000.00	<u>,</u>
8. This report must be certified by the president, secretary-treasurer or similar office of lobbying employer.						
Certification: I certify that this report is true, complete and correct to the best of my knowledge. Signature of Employer Officer					Date	
g		$ $ \mathcal{A}_{l}	\mathscr{V}_1		2/5/18	
Printed Name and Title of Officer: Leo Matz, CFO						ļ

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San Juan Sun Grown, LLC		Year report covers: 2017		
 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	moracion manual for uctalis.	Cost or Value	Date and Description of Expense	
			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 ex	ecutive office candida	te, a committee formed to support or oppose one of these	
candidates or a committee supporting or opposing a states Name of Recipient	vide ballot measure. Do not list en	iployer-affiliated PAC Amount		
Name of Recipient		Amount	Date (and, if In-Kind, Description)	
		\$		
and the second of the second o		Committee of the second district	The state of the s	
Information continued on attached pages				
11. Independent expenditures in support of or opposition to a) a legislative or statewide executiv	e office candidate or b) a statewide ballot proposition.	
See instruction manual for definition of "independent	expenditure."		,	
Candidate's Name, Office Sought & Ballot Proposition Number & Brief De		Amount	Date and Description of Expense	
Danot Proposition Number & Brief D	escription	`	(Note if Support or Oppose)	
		\$	· ·	
Telemonia and an article				
Information continued on attached pages 12. Compensation of \$2,400 or more during the preceding cal	endar year for employment or prof	essional services naid	to state elected officials successful condidates for state	
office and each member of their immediate family.	ondar your for employment or pro-	essional services pard	to state elected officials, successful califidates for state	
Name	Relationship to Candidate or	Amount (Code)**	Description of Consideration or Services Exchanged for	
	Elected Official if Member of Family		Compensation	
	- ····································			
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Information continued on attached pages				
 Compensation of \$2,400 or more during the preceding cal in which state elected official, successful state candidate of 	endar year for professional services	s paid to any corporati	on, partnership, joint venture, association or other entity	
Firm Name	Person's Name	y noid office, partners Amount (Code)**	Description of Consideration or Services Exchanged for	
A TOTAL TO THE TOTAL TOTAL TO THE TOTAL TOTAL TO THE TOTAL TOTAL TOTAL TO THE TOTAL TO	, , , a cool of turne	"vanomu (Gode)	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.			D 15	
Name		Amount	Date and Purpose	
		\$		
	-			
Information continued on attached pages				
**DOLLAD				

**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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Use this page if you need additional space for Items 2 or 9) oyer's Name Year report covers:			
Employer's Name	Year report	covers:	
2. Names of Registered Lobbyists	Col 1-Salary	Col 2-Other	Total Amount
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9. Entertainment, etc.		* .	
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9. Entertainment, etc.				
Name and Title	Cost or Value	Date and Descript	ion 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	Amount \$	Date and Description of Expense (Note if Support or Oppose)	
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Employer's Name	Year report covers:			
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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. Compensation of \$2,400 or more for professional services Firm Name	Person's Name	Amount (Code)**	Description of Consideration or Services Exchanged for	
(Compensation	
	•			
		:		
14. Any expenditure not otherwise reported Name		Amount	Date and Purpose	
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