PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111

Employer's Lobbying Expenses

L3

DATE FILED PDC

THIS SPACE FOR OFFICE USE

(360) 753-111 ⁻ TOLL FREE 1-	i i	Loonying E	axpenses		1/15	TALL TILED PDC	
1. Employer's Name (Use complete comp	any, association, union or	entity name.)			J	IAN 11	2019
Washington Growers Leagu	e		•				•
Attention (Identify person to whom inq	uiries about the information	n below should be directed; NO	T the lobbyist.)			•	
Linda Brown							
Mailing Address			Telephone				
406 W. Chestnut Ave			509 -575 631:	5			
City	State	Zip + 4	E-Mail Address		Year	Report Cov	ers
Yakima	WA	98902	lbrown@growersle	eague.or	g 201	8	
THIS REPORT MUST BE FILED BY T Washington State Legislature and/or any	state agency. Complete	all sections. Use "none" or "0	" when applicable.				
Identify each of your lobbyists/lobbying (plus obligated) for other lobbying relat legislative candidates, reimbursement for through lobbyists in the space designate	ed expenses that were mad or entertainment expenses.	le by or through the lobbyist and	reported by the lob	hvist on	the monthly L-2 re	enort (e.a. ci	ontributions to
Names of Registered Lobbyists (if pay	rments were to lobbying fir	rm list firm name)	l Cold Sal		G-12.045	1	TC-4-1 A
Michael E. Gempler		ini, nse inin name)	Col 1-Salary Co		Col 2-Othe	12-Other Total Amount \$ 23,748.00	
•			23,7	40.00	J.	- 3	23,746.00
						ŀ	
•							
		Total From Attached Pa	ge				
☐ Information continued on attached pages Total Expenses By or Through Lobbyists						byists \$	23,748.00
DO <u>NOT</u> INCLUDE EXPENDITURES A	LREADY ACCOUNTED	D FOR IN ITEM 2 ABOVE w	hen completing Ite	ms 3 thr	ough 7 below.		
3. Other expenditures made by the employ	er for lobbying purposes.	Show total expenditures made	/accrued:				
a. to vendors on behalf of or in support of registered lobbyists (e.g., entertainment credit card purchases); 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;							
 for entertainment, tickets, passes, tr legislators, state officials, state emp 	avel expenses (e.g., transpo loyees and members of the	ortation, meals, lodging, etc.) an eir immediate families; (Also co	d enrollment or cou mplete Item 9.)	rse fees _l	provided to		
d. for composing, designing, producin				tion: and	4		

3.	Oti	to vendors on behalf of on in approach of such as 11.11.		
		to vendors on behalf of or in support of registered lobbyists (e.g., entertainment credit card purchases);	\$	
	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 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.	COL	litical contributions to candidates for legislative or statewide executive office, committees supporting or opposing these candidates, or nmittees supporting or opposing statewide ballot measures. (Also complete Item 10.) Contributions made directly by the employer, including those previously reported on PDC Form L-3c.		
		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.)	,	- Jane
		Name of PAC		
5.	Ind con	ependent expenditures supporting or opposing a candidate for legislative or statewide executive office or a statewide ballot measure. (Also nplete Item 11.)		
6.	Exp infl	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.		<u></u>	
		Total Lobbying Expenses		23,748.00
		(Items 2 thru 7)		

8. This report must be certified by the president, secretary-treasurer or similar office of lobbying employer.

Certification: I certify that this report is two completes the 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.

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Signature of Employer Officer

Gail Button

Date

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Employer's Name 11-1 31 AC	Year	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 deta Name and Title	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 statey	vide executive office candidat	te, a committee formed to support or oppose one of these						
candidates or a committee supporting or opposing a statewide ballot measure. Do not Name of Recipient	t list employer-affiliated PAC Amount	Date (and, if In-Kind, Description)						
Traine of Proceipions								
	\$							
☐ Information continued on attached pages								
11. Independent expenditures in support of or opposition to a) a legislative or statewide e	xecutive office candidate or b	a) a statewide ballot proposition.						
See instruction manual for definition of "independent expenditure." Candidate's Name, Office Sought & Party or	Amount	Date and Description of Expense						
Ballot Proposition Number & Brief Description		(Note if Support or Oppose)						
	s							
	1							
☐ Information continued on attached pages								
12. Compensation of \$2,400 or more during the preceding calendar year for employment	or professional services paid	to state elected officials, successful candidates for state						
office and each member of their immediate family. Name Relationship to Candida		Description of Consideration or Services Exchanged for						
Elected Official if Memb		Compensation						
Family								
	1							
Information continued on attached pages 13. Compensation of \$2,400 or more during the preceding calendar year for professional	services paid to any corporati	ion, partnership, joint venture, association or other entity						
in which state elected official, successful state candidate or member of their immedia	ite family noid office, partners	snip, directorship of ownership interest of 1070 of more.						
Firm Name Person's Name	Amount (Code)**	Description of Consideration or Services Exchanged for Compensation						
☐ Information continued on attached pages	Lofficial successful condition	e for state office or member of their immediate family if						
14. Any expenditure, not otherwise reported, made directly or indirectly to a state elected official, successful candidate for state office or member of their infinitediate failing,								
Name	Amount	Date and Purpose						
	\$							
	1							
Information continued on attached pages								
Information continued on attached pages	**DOLI	LAR						

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