## PUBLIC DISCLOSURE COMMISSION

THIS SPACE FOR OFFICE USE

|  | 711 CAPITOL V   |                               | Empl                                  | oyer's            | 5                    | <b>L</b> 3  |                |              |           |  |  |
|--|---|-------------------------------|---------------------------------------|-------------------|----------------------|-------------|----------------|--------------|-----------|--|--|
|  |   | OLYMPIA WA 98504-0908         |                                       | Lobbying Expenses |                      |             | DATE FILED PDC |              |           |  |  |
| 1  | TOLL FREE 1-877 Employer's Name (Use complete company   | 7-601-2828                    |                                       |                   |                      | 1/15        |                |              | 1 00      |  |  |
| ••   |   |                               | •                                     |                   |                      |             | JAN 29 2019    |              |           |  |  |
|  | CONSUMER FIREWORKS SAFETY ASSOCIATION  Attention (Identify person to whom inquiries about the information below should be directed; NOT the lobbyist.)  |                               |                                       |                   |                      |             |                |              |           |  |  |
|  | Jerry R. Elrod  |                               |                                       |                   | •                    |             |                |              |           |  |  |
|  | Mailing Address   | Nonth                         |                                       | Teleph            |                      |             |                |              |           |  |  |
| _  | 16526 Shore Drive   | State                         |                                       |                   | 06 363-75            | 573         | V D            |              |           |  |  |
|  | Lake Forest Park  | Washingt                      | on 98155-563                          | 1 far             | Address<br>ley@uptin |             | f              | 018          |           |  |  |
| W  | HIS REPORT MUST BE FILED BY THE<br>ashington State Legislature and/or any sta   | ate agency. Complete          | e all sections. Use "none" or         | "0" when          | applicable.          |             |                |              |           |  |  |
| 2.   | Identify each of your lobbyists/lobbying firms below. In column 1, show the full amount of salary or fee each earned for lobbying. In column 2, show the full amount paid (plus obligated) for other lobbying related expenses that were made by or through the lobbyist and reported by the lobbyist on the monthly L-2 report (e.g., contributions to legislative candidates, reimbursement for entertainment expenses, etc.). Compute the subtotals across and down the columns; put the grand total of expenses incurred by or through lobbyists in the space designated. |                               |                                       |                   |                      |             |                |              |           |  |  |
|  | Names of Registered Lobbyists (if payme   | ents were to lobbying (       | firm, list firm name)                 | s                 | Col 1-Salary         | Col 2       | -Other         | Tot          | al Amount |  |  |
|  | Jerald E. Farley  |                               | · · · · · · · · · · · · · · · · · · · |                   |                      |             | `              |              |           |  |  |
|  |   | <del></del>                   |                                       | 14                | 15,000.00            | 117         | 447711         | 156,         | 447.11    |  |  |
|  |   |                               |                                       | ,                 |                      |             |                |              |           |  |  |
|  | •   |                               | Total From Attached                   | Page              |                      |             |                |              |           |  |  |
|  | Information continued on attached pages   |                               |                                       | ,                 | Total Expenses E     | y or Throug | h Lobbyists    | \$156        | ,447.11   |  |  |
|  | O NOT INCLUDE EXPENDITURES ALI  | READY ACCOUNTI                | ED FOR IN ITEM 2 ABOV                 | E when cor        | •                    | -           | •              |              | ,         |  |  |
|  | Other expenditures made by the employer   | for lobbying purposes.        | Show total expenditures m             | ade/accrue        | ed:                  |             |                |              | Î         |  |  |
|  | a. to vendors on behalf of or in support of   | f registered lobbyists (      | e.g., entertainment credit card       | l purchases)      | ;                    |             |                | s n          | onë       |  |  |
|  | <ul> <li>to or on behalf of expert witnesses or of<br/>the employer's lobbying effort;</li> </ul>   |                               | •                                     |                   | •                    |             | ssists         | n            | one       |  |  |
|  | 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.)  |                               |                                       |                   |                      |             |                |              | one       |  |  |
|  | d. for composing, designing, producing and distributing informational materials for use primarily to influence legislation; and   |                               |                                       |                   |                      |             |                | n            | one .     |  |  |
|  | e. for grass roots lobbying expenses, including those previously reported by employer on Form L-6, and payments for lobbying communications to clients/custoners (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.)  |                               |                                       |                   |                      |             |                |              | one       |  |  |
|  | 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.)   |                               |                                       |                   |                      |             |                |              |           |  |  |
| _  | Name of PAC Consumer Fireworks Safety Association Political Action Committee  |                               |                                       |                   |                      |             |                |              |           |  |  |
|  | Independent expenditures supporting or opposing a candidate for legislative or statewide executive office or a statewide ballot measure. (Also none   |                               |                                       |                   |                      |             |                |              |           |  |  |
|  | 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.)  NONE   |                               |                                       |                   |                      |             |                |              |           |  |  |
| 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.               |   |                               |                                       |                   |                      |             |                |              |           |  |  |
| Total Lobbying E   |   |                               |                                       |                   |                      |             |                | s 156,447.11 |           |  |  |
| R  | This report must be cartified by the procide  |                               |                                       |                   |                      | (Items 2    | thru 7)        |              | <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  Signature of Employer Officer  Date |   |                               |                                       |                   |                      |             |                |              |           |  |  |
| kno  | owledge.  | Signature of Employer Officer |                                       |                   |                      | D           | ate .          |              |           |  |  |
| Jerry R. Elrod, Founder  January 2   |   |                               |                                       |                   |                      |             | ary 2          | 8, 2019      |           |  |  |
| Pru  | nted Name and Title of Officer:   |                               |                                       |                   |                      |             | •              | _            | -         |  |  |

L3

| 9. Entertainment, téckets, passes, turvel expresses (finchdung transportation, meals, lodging, etc.) and entrollment or crowne fees provided to legislators, state officials, state comployees and emorbers of their immediate familys. See instruction manual for details.    Octor Value   Support of Papers  | Employer's Name  |  |                 |                       | report covers.  |  |  |  |  |  |  |  |  |
|---|--|--|-----------------|-----------------------|---|--|--|--|--|--|--|--|--|
| Information continued on attached pages   Name and Title   South   S      | CONSUMER FIREWORK  | S SAFETY                                 | ASSOCI          | ATION                 | 2018  |  |  |  |  |  |  |  |  |
| Information continued on attached pages   Name and Title   South   S      | 9 Entertainment, tickets, passes, travel expenses (including tr  | ansportation, meals, 1                   | odging. etc.) a | nd enrollment or co   | arse fees provided to legislators, state officials, state     |  |  |  |  |  |  |  |  |
| Information continued on attached pages   | employees and members of their immediate families. See i   | nstruction manual for                    | details.        |                       |   |  |  |  |  |  |  |  |  |
| Information continued on attached pages   | Name and Title   |  |                 | Cost or Value         | Date and Description of Expense                               |  |  |  |  |  |  |  |  |
| Information continued on attached pages   | •  |  | 1.              | c none                | ,   |  |  |  |  |  |  |  |  |
| 10. Comfibutions (not reported by the lobbysis) lotaling over \$25 to a legislative or statewide executive office candidate or committee found 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   |  |  | ١.              | ,                     |   |  |  |  |  |  |  |  |  |
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| Information continued on attached pages   Information continued on att      | Information continued on attached pages  |  |                 |                       | £41   |  |  |  |  |  |  |  |  |
| Information continued on attached pages   Information continued on att      | 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 |  |                 |                       |   |  |  |  |  |  |  |  |  |
| Information continued on attached pages   1  Independent expenditure in support of or opposition to a) a legislative or statewide executive office candidate or b) a statewide ballot proposition.  See instruction manual for definition of "independent expenditure."  Candidate's Name, Office Sought & Parry or Ballot Proposition Number & Brief Description  Ballot Proposition Number & Brief Description  Information continged on attached pages.  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.  Relationship to Candidate or Elected Official if Member of Pamily  Information continued on attached pages  Information continued on attached pages  In the manual of \$2,400 or more during the preceding calendar year for professional services paid to any compensation of Consideration or Office and each member of their immediate family hold office, partnership, directorship or ownership interest of 10% or more.  Firm Name  Person's Name  Person's Name  Person's Name  Amount (Code)**  Description of Consideration or Services Exchanged for Compensation.  Name  Amount Code)*  Description of Consideration or Office more during the preceding calendar year for professional services paid to any compensation or ownership interest of 10% or more 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 more.  Information continued on attached pages  **DOLLAR   |  | ide banot measure. L                     | o not list emp  |                       | Date (and, if In-Kind, Description)                           |  |  |  |  |  |  |  |  |
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| Ballot Proposition Number & Brief Description    Information continued on attached pages  |  |  | 1               | Amount                |   |  |  |  |  |  |  |  |  |
| Information continued on attached pages   |  |  |                 |                       | (Note if Support or Oppose)                                   |  |  |  |  |  |  |  |  |
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| in which state elected official, successful state candidate or member of their immediate family hold office, partiteriship, directionally in direction of Consideration or Services Exchanged for Compensation    Amount (Code)**   Description of Consideration or Services Exchanged for Compensation   | 12 G   | lendar year for profes                   | sional services | paid to any corpora   | tion, partnership, joint venture, association or other entity |  |  |  |  |  |  |  |  |
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| 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  Name  **pollar  **pollar  **pollar  **pollar  **pollar  **pollar   |  |  |                 | none                  |   |  |  |  |  |  |  |  |  |
| 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  **pollar*  **pollar*  **pollar*  **pollar*  **pollar*  **pollar*  **pollar*  |  |  |                 |                       | /   |  |  |  |  |  |  |  |  |
| 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  Name  **pollar  **pollar  **pollar  **pollar  **pollar  **pollar   |  | 1  |                 |                       |   |  |  |  |  |  |  |  |  |
| made to honor, influence or benefit the person because of his or her official position.  Name  Amount  Date and Purpose  **pollar  **pollar  **pollar  **pollar  **pollar   | ☐ Information continued on attached pages  | <u> </u>                                 | 1 1             | 1                     | to for state office or member of their immediate family if    |  |  |  |  |  |  |  |  |
| Name Amount Date and Purpose  **none  **pollar  **pollar  **pollar  **pollar  **pollar  | 14. Any expenditure, not otherwise reported, made directly o   | r indirectly to a state                  | elected officia | i, successiui candida | tic for state diffice of member of their miniodiate ranning,  |  |  |  |  |  |  |  |  |
| Information continued on attached pages  **DOLLAR  **DOLLAR   |  | i ma or ner ornerar po                   | andi.           | Amount                | Date and Purpose  |  |  |  |  |  |  |  |  |
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| CODE AMOUNT   | Information continued on attached pages  |  | TAD.            |                       |   |  |  |  |  |  |  |  |  |
|   |  | OUNT                                     |                 |                       |   |  |  |  |  |  |  |  |  |

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