Employer's Lobbying Expenses

L3

THIS SPACE FOR OFFICE USE

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Employer's Name (Use complete complete Complete Council Washington State Council	1/98	RECEIVE		
Attention (Identify person to whom Dan Coyne	nquiries about the information be	elow should be directed; NOT the lobbyi	st.)	FEB 28 2017
Mailing Address 625 Delphi Road NW		Telephone (360) 786-8180		Public Disclosure To a control
City	State	Zip + 4		1
Olympia	WA	98502		
THIS REPORT MUST BE FILED BY T	HE <u>LAST DAY OF FEBRUARY</u> .	Include expenditures made and acc	rued during	the previous calendar year for

lobbying the Washington State Legislature and/or any state agency. Complete 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 payments were to lobbying firm, list firm name) Col 1-Salary Col 2-Other Total Amount Coyne, Jesernia, LLC 42,000.00 42.000.00 **Total From Attached Page** 42,000.00 Total Expenses By or Through Lobbyists Information continued on attached pages DO NOT INCLUDE EXPENDITURES ALREADY ACCOUNTED FOR IN ITEM 2 ABOVE when completing Items 3 through 7 below. 3. Other expenditures made by the employer 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 emplyer'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.) 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. 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. 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 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, their spouses 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 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 Expenses (Items 2 thru 7)

42,000.00

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

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2/28/17
CONTINUE ON NEXT PAGE

Printed Name and Title of Officer: Dan Coyne, Executive Director

Employer's Name	Yea	Year report covers:		
Entertainment, tickets, passes, travel expenses (including transportation, meals,	lodging, etc.) and enro	ollment or course fees provided to legislators, state		
officials, state employees and members of their immediate families. See instruc	tion manual for details			
Name and Title	Cost or Value	Date and Description of Expense		
	\$			
	,			
☐ Information continued on attached pages				
10. Contributions (not reported by the lobbyist) totalling over \$25 to a legislative or st	atewide executive office	ce candidate, a committee formed to support or		
oppose one of these candidates or a committee supporting or opposing a statew	ide ballot measure. De	o not list employer-affiliated PAC contributions.		
Name of Recipient	Amount	Date (and, if In-Kind, Description)		
	\$			
	Ψ	. A		
Information continued on attached pages				
11. Independent expenditures in support of or opposition to a) a legislative or statew	de executive office car	ndidate or b) a statewide ballot proposition.		
See instruction manual for definition of "independent expenditure." Candidate's Name, Office Sought & Party or	I Amount	Date and Description of Figures		
Ballot Proposition Number & Brief Description	Amount	Date and Description of Expense (Note if Support or Oppose)		
		(contain a spiperos)		
	\$			
☐ Information continued on attached pages	, "			
12. Compensation of \$1,500 or more during the preceding calendar year for employr	nent or professional se	ervices paid to state elected officials, successful		
candidates for state office and each member of their immediate family.	*			
Name Relationship to Candidate of Elected Official if Member of		Description of Consideration or Services		
Family	of (Code)**	Exchanged for Compensation		
	÷.			
		`		
Information continued on attached pages				
13. Compensation of \$1,500 or more during the preceding calendar year for professi or other entity in which state elected official, successful state candidate or memb ownership interest of 10% or more.	onal services paid to a er of their immediate f	ny corporation, partnership, joint venture, association amily hold office, partnership, directorship or		
Firm Name Person's Name	Amount -	Description of Consideration or Services		
	(Code)**	Exchanged for Compensation		
		·		
Information continued on attached pages				
14. Any expenditure, not otherwise reported, made directly or indirectly to a state ele immediate family, if made to honor, influence or benefit the person because of hi	cted official, successfu s or her official position	Il candidate for state office or member of their		
Name	Amount	Date and Purpose		
•				
	\$			
Information continued on attached pages				
**DOLLAR	**DOLL	AR		
CODE AMOUNT	CODE			

A - \$1 to \$2,999 B - \$3,000 to \$14,999 C - \$15,000 to \$29,999

D - \$30,000 to \$74,999 E - \$75,000 or more