98204 PUBLIC DISCLOSURE COMMISSION

98204 PUPLIC	DISCLOSURE COMMISSION				-	THIS SPACE FOR OFFICE USE		
	711 CAPITOL WAY RM 206 ~ PO BOX 40908 OLYMPIA WA 98504-0908 - (360) 753-1111 TOLL FREE 1-877-601-2828	Employer's Lobbying Expenses		L3	DATE FILED PDC FEB 252019			
Employer's Name (U	se complete company, association, union o	or entity name.)			1/15	FEB	252	019·
Aviation Tech	nnical Services						•	
Attention (Identify pe Nima Seyedali	Attention (Identify person to whom inquiries about the information below should be directed; NOT the lobbyist) Nima Seyedali							
Mailing Address			Te	lephone		1		
3121 109 th ST			(425) 423 -3211					
City Everett	State WA	Zip+4	- 1	E-Mail Address Year Report C Nima.sevedali@atsmro.co 2018				
Lveiett	WA	90204-1316	98204-1318 Nima.seyedali@atsmro.co 2018					
THIS REPORT MUST BE FILED BY THE LAST DAY OF FEBRUARY. Include expenditures made and accrued 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								
1	Lobbyists (if payments were to lobbying	firm, list firm name)		Col 1-Salary	Col	2-Other	Т	otal Amount
Gano & Associates				\$ 48000.00	s-6341	.48	s	42658.52
Brent Ludeman				6341.4	3			6341.48
			_		_			
Total From Attached Page								
☐ Information continued o	n attached pages			Total Expenses	By or Throu	gh Lobbyists	\$	48000.00
DO <u>NOT</u> INCLUDE EX	PENDITURES ALREADY ACCOUNT	ED FOR IN ITEM 2 ABOVI	E when	completing Items 3 t	hrough 7 be	ow.	-	
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), \$ 0								0
b. to or on behalf of expert witnesses or others retained to provide lobbying services who offer specialized knowledge or expertise that assists							0	
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.)							0	
d. for composing, designing, producing and distributing informational materials for use primarily to influence legislation; and							0	
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)						0		
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.							0	
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)						0		
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.)						0		
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.						date,		0
Total Lobbying Expenses						Expenses	_\$	48000.00
8 This report must be certified by the president, secretary-treasurer or similar office of lobbying employer.								
Certification: 1 certify that this report is true, complete and correct to the best of my Signature of Employer Officer							 -	Date
knowledge.				1. 0 1			2/22/2019	
Drintad Names of Mai	6065 Ni C 1 "				•			
Printed Name and Title o	f Officer: Nima Seyedali		l					

L3

Employer's Name		Year report covers:				
Aviation Technical Services		2018				
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 Name and Title	instruction manual for details.	Cost or Value	Data and Description - ST			
ivanie and i me		Cost or Value	Date and Description of Expense			
		\$				
None						
Information continued on attached pages						
Contributions (not reported by the lobbyist) totaling over candidates or a committee supporting or opposing a states	\$25 to a legislative or statewide exe	ecutive office candidat	e, a committee formed to support or oppose one of these			
Name of Recipient	vide dariot measure. Do not list em	Amount	contributions. Date (and, if In-Kind, Description)			
The state of the s		Tunoun	Date (and, it in-Kind, Description)			
		\$				
None						
_						
Information continued on attached pages						
11. Independent expenditures in support of or opposition to a See instruction manual for definition of "independent	a legislative or statewide executive	e office candidate or b) a statewide ballot proposition.			
Candidate's Name, Office Sought &	-	Amount	Date and Description of Expense			
Ballot Proposition Number & Brief D	escription		(Note if Support or Oppose)			
None		\$				
1.6		\$				
Information continued on attached pages 12. Compensation of \$2,400 or more during the preceding cal	landar voor for amplement					
office and each member of their immediate family.	icidal year for employment or prof	essional services paid	to state elected officials, successful candidates for state			
Name	Relationship to Candidate or	Amount (Code)**	Description of Consideration or Services Exchanged for			
	Elected Official if Member of Family		Compensation			
	1 annly					
None						
_						
Information continued on attached pages						
13. Compensation of \$2,400 or more during the preceding call in which state elected official, successful state candidate of the control of th	lendar year for professional service or member of their immediate famil	s paid to any corporati	on, partnership, joint venture, association or other entity			
Firm Name	Person's Name	Amount (Code)**	Description of Consideration or Services Exchanged for			
		`	Compensation			
None						
Information continued on attached pages 14. Any expenditure, not otherwise reported, made directly of	successful sandidata	for state office or member of their investigations				
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			
		\$				
None		J.				
Information continued on attached						
Information continued on attached pages						
**DOLLAR	MINT	**DOLLAR				

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

(Use this page if you need additional space for Items 12 thru 14)

Employer's Name	ployer's Name Year report covers:					
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. Companyi i 200 200 200 200 200 200 200 200 200						
13. Compensation of \$2,400 or more for professional service: Firm Name	s Person's Name	Amount (Code)**	Description of Consideration of Consideration			
I iiii Naiie	reison's Name	Amount (Code)**	Description of Consideration or Services Exchanged for Compensation			
14. Any expenditure not otherwise reported			<u> </u>			
Name		Amount	Date and Purpose			
		\$				
<u></u>		l	I			

**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