

**Employer's  
Lobbying Expenses**

**L3**

THIS SPACE FOR OFFICE USE

DATE FILED PDC

JAN 04 2017

1. Employer's Name (Use complete company, association, union or entity name.)

Washington State HVACR Association

Attention (Identify person to whom inquiries about the information below should be directed; NOT the lobbyist.)

Bill Pinkoy, Treasurer

Mailing Address

P.O. Box 1067

Telephone

( ) -

City

Bothell

State

WA

Zip + 4

98041

E-Mail Address

bill@barrunhvac.com

Year Report Covers

2016

**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.

Names of Registered Lobbyists (if payments were to lobbying firm, list firm name)

James L. King

Col 1-Salary

Col 2-Other

Total Amount

Col 1-Salary	Col 2-Other	Total Amount
\$ 0	\$ 0	\$ 0
Total From Attached Page		

Information continued on attached pages

Total Expenses By or Through Lobbyists

\$ 0

**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); \$ 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; 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. 0

Total Lobbying Expenses

\$ 0

(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 true, complete and correct to the best of my knowledge.

Bill Pinkoy, Treasurer

Printed Name and Title of Officer:

Signature of Employer Officer

*Bill Pinkoy*

Date

1-2-17

CONTINUE ON REVERSE