DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206

Employer's Lobbying Expenses

THIS SPACE FOR OFFICE USE

DATE FILED PDC

| (360) 753-1111 | | • | 1/15 | | | | |
|---|--|---|---------------------------|------------------------------------|--------------------|---------|--|
| TOLL FREE 1-877-601-2828 1. Employer's Name (Use complete company, association, union of | r entity name.) | | | FFR | 2 0 2018 | | |
| ACTION DD | I LU | 2 0 2010 | | | | | |
| Attention (Identify person to whom inquiries about the informat | ion below should be directed; NC | T the lobbyist.) | | | | | |
| | | | | | | | |
| Mailing Address 2442 NW Market | X 5/2 # 559 | Telephone | | | | | |
| JEFF CARTER Mailing Address 2442 NW Nowher PORTUGO Sea Hle, WA 9 | 18107 | (206,604,003 | | | | | |
| City WA | 98101 98107 | Jeff.Carter@Batesville.Co | 141 | Year Report C 2017 | Covers | | |
| SEATTLE WA THIS REPORT MUST BE FILED BY THE LAST DAY OF FE | DOLLADY Include expenditure | es made and accrued durin | g the previou | s calendar ye | ar for lobbying th | ie | |
| Washington State Legislature and/or any state agency. Comple | te an sections. Use mone of | O MUCK approance | | | | | |
| Identify each of your lobbyists/lobbying firms below. In colun (plus obligated) for other lobbying related expenses that were n legislative candidates, reimbursement for entertainment expens through lobbyists in the space designated. | in 1, show the full amount of saz hade by or through the lobbyist ar es, etc.). Compute the subtotals a | nd reported by the lobbyist or across and down the columns | the monthly put the grand | L-2 report (e.g. total of exper | contributions to | | |
| • | r firm list firm name) | 36,000.00 Col 2-Other | | | 36,000.00 | | |
| Names of Registered Lobbyists (if payments were to lobbying | , min, not min mino) | 30,000.00 | s | | | | |
| GOVERNMENT RELATIONS SERVICES | | | | | | | |
| | | | | | | | |
| | | | | | - | | |
| | Total From Attached F | Page | | | | | |
| | | Total Expenses | By or Throug | h Lobbyists | \$36,000.00 | | |
| Information continued on attached pages | TO THE PARTY OF TH | | | | | | |
| DO NOT INCLUDE EXPENDITURES ALREADY ACCOUN | | | iii Ougii 7 beie | | | | |
| 3. Other expenditures made by the employer for lobbying purpos | es. Show total expenditures ma | ide/accrued: | | | s | 0 | |
| a. to vendors on behalf of or in support of registered lobbyist | s (e.g., entertainment credit card) | purchases), | | erioto . | <u>.</u> | | |
| to or on behalf of expert witnesses or others retained to pre the employer's lobbying effort; | SISIS | | 0 | | | | |
| c. for entertainment, tickets, passes, travel expenses (e.g., tra legislators, state officials, state employees and members o | | | 0 | | | | |
| 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). | | | | | | | |
| A Political contributions to candidates for legislative or statewid | | | | | | | |
| committees supporting or opposing statewide ballot measures. | * | 4 | .0 | | | | |
| a. Contributions made directly by the employer, including those previously reported on PDC Form L-3c. | | | | | | | |
| 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 | | .v | let measure / | Alen | | | |
| 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, 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 | |
| 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 | |
| recipient, purpose and annually | | - Tot | al Lobbying l | Expenses | \$ | 0 | |
| ` | | | (Items | 2 thru 7) | | | |
| 8. This report must be certified by the president, secretary-treasure. | urer or similar office of lobbying | employer. | <u> </u> | | | <u></u> | |
| Certification: I certify that this report is true, complete and c | | Signature of Employer Off | icer | | Date | | |
| knowledge. | ristess. | 1 1/1/// | /_ | <i>f</i> | | | |
| Jeffrey Carter Trea | 3000 | /XV/ C | 1 | | ٠, , | | |
| Printed Name and Title of Officer: | | 10 | | _ | 2/19/18 | | |
| | | | | | - - | | |

L3

| Employer's Name | | 2017 | | | | | | |
|--|---|---|---|--|--|--|--|--|
| ACTION DD | | | | | | | | |
| 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 details. | | | | | | | | |
| Name and Title | Cost or Value | Date and Description of Expense | | | | | | |
| | | | | | | | | |
| 0 | | \$ | | | | | | |
| | | 0 | | | | | | |
| 0 | · | Ů | | | | | | |
| | | | | | | | | |
| Information continued on attached pages 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 | | | | | | | | |
| 10. Contributions (not reported by the lobbyist) totaling over \$25 to a legislative of statewide executive office candidate, a committee support of opposing a statewide ballot measure. Do not list employer-affiliated PAC contributions. | | | | | | | | |
| Name of Recipient | | Amount | Date (and, if In-Kind, Description) | | | | | |
| | | \$ 0 | | | | | | |
| • | | V | · · | | | | | |
| | , | 0 | | | | | | |
| | | | | | | | | |
| Tufumation continued on attached pages | | | | | | | | |
| Information continued on attached pages 11. Independent expenditures 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 & Party or | | Amount | Date and Description of Expense (Note if Support or Oppose) | | | | | |
| Ballot Proposition Number & Brief Description | | | (cotto in pulphane) | | | | | |
| | | \$ 0 | | | | | | |
| | | | | | | | | |
| 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 Candidate or | Amount (Code)** | Description of Consideration or Services Exchanged for | | | | | |
| Name | Elected Official if Member of | 7 mount (Codo) | Compensation | | | | | |
| | Family | | , | | | | | |
| попе | | | | | | | | |
| none | | - | | | | | | |
| ☐ Information continued on attached pages | 1 | | 4 | | | | | |
| 13. Compensation of \$2,400 or more during the preceding calendar year for professional services paid to any corporation, partnership, joint venture, association or other entity 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. | | | | | | | | |
| in which state elected official, successful state candidate Firm Name | or member of their immediate fami Person's Name | ly noid office, partner Amount (Code)** | Description of Consideration or Services Exchanged for | | | | | |
| Film Name | 1 CISOTI S TAMES | , miletin (0000) | Compensation | | | | | |
| The state of the s | | | | | | | | |
| none | } | | | | | | | |
| ☐ Information continued on attached pages | | | | | | | | |
| 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. | | | | | | | | |
| made to nonor, influence or benefit the person because of | rus a nei amom basinar | Amount | Date and Purpose | | | | | |
| | | | | | | | | |
| | • | \$ 0 | , | | | | | |
| | | 0 | | | | | | |
| | | | | | | | | |
| ☐ Information continued on attached pages | | | | | | | | |

**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