#### DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908

# Employer's Lobbying Expenses

LATE FILED PDC

THIS SPACE FOR OFFICE USE

(360) 753-1111			ا نند ا				
TOLL FREE 1-877-601-2828  1. Employer's Name (Use complete company, association, union of				1/15	D 0 0 00	40	,
Shell Oil Company	or entity name.)			, LF	<b>B</b> 2 6 20	19	1
				<u> </u>	_		4. 4
Attention (Identify person to whom inquiries about the informat Stephen Lesher	ion below should be directed	; NOT th	ne lobbyist.)		1	1985	
Mailing Address P O Box 711		Te	elephone				
			(925) 229-6388				
City State	Zip + 4		-Mail Address		Year Repor	t Cove	rs
Martinez CA	94553		tephen.Lesher@shell.	со	2018		
		m	·				
THIS REPORT MUST BE FILED BY THE LAST DAY OF FE Washington State Legislature and/or any state agency. Complet	BRUARY. Include expendice all sections. Use "none" o	tures m r "0" w	ade and accrued during then applicable.	g the previ	ous calendar y	year fo	or lobbying the
2. Identify each of your lobbyists/lobbying firms below. In colum						.1 6	
(plus obligated) for other lobbying related expenses that were m	ade by or through the lobbyis	t and ter	norted by the lobbyist or	the monthly	u I 2 ramant (a		-4-1644
legislative calididates, reimbursement for entertainment expense	s, etc.). Compute the subtota	ls across	and down the columns;	put the grai	nd total of exp	enses i	incurred by or
through lobbyists in the space designated.	and the second of the second o	-	**				
Names of Registered Lobbyists (if payments were to lobbying	firm, list firm name)		Col 1-Salary	Col	2-Other	ı	Total Amount
Gano and Associates	,		\$ 60000.00	s	-6224.88	s	53775.12
			3 00000.00	Ψ	-022-7.00	-	33773.12
Brent Ludeman			7924.32			l	7924.32
,							
	· · · · · · · · · · · · · · · · · · ·						
	Total From Attached	d Dogo					
`	Total From Attached	a rage		J			
☐ Information continued on attached pages			Total Expenses I	By or Throu	gh Lobbyists	S	61699.44
DO NOT INCLUDE EXPENDITURES ALREADY ACCOUNTS	ED FOD IN ITEM 2 ADOV	Farban				<u> </u>	
				rougn / bei	ow.		
3. Other expenditures made by the employer for lobbying purposes.	Show total expenditures n	nade/ac	crued:				
a. to vendors on behalf of or in support of registered lobbyists (		_	* *			\$	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 compare stockholders and members of an organization or united)						0	
4. Political contributions to candidates for legislative or statewide executive office committees supporting or opposing these condidates for legislative or statewide executive office committees supporting or opposing these condidates.							
committees supporting or opposing statewide ballot measures. (Also complete Item 10.)						rational g in the case	
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.)						_	
Name of PAC						0	
5. Independent expenditures supporting or opposing a candidate for legislative or statewide executive office or a statewide ballot measure. (Also							
O Complete Nett 11.)							
6. Expenditures to or on behalf of legislators, state officials, or their spouse, registered domestic partner and dependents for the purpose of							
influencing, nonothing 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					\$	61699.44	
(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  Signature of Employer Officer					Date		
Stephen Lesher			1	1		_	
THENDER LEVIL			16 [	Mar			<b>1/22</b>
		1	/ " V.		-	_	, - `
Printed Name and Title of Officer:	i						

#### **INFORMATION CONTINUED**

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

Employer'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 Companyation of \$2,400 and \$6.	,			
13. Compensation of \$2,400 or more for professional services  Firm Name	Person's Name	Amount (Code)**	Description of Consideration or Services Exchanged for Compensation	
	·			
14. Any expenditure not otherwise reported				
Name		Amount \$	Date and Purpose	
-	·			

\*\*DOLLAR CODE AMOUNT

A - \$1 to \$4,499 B - \$4,500 to \$23,999 C - \$24,000 to \$47,999

\*\*DOLLAR

D - \$48,000 to \$119,999 E - \$120,000 or more

Employer's Name		Year report covers:			
Shell		2	018		
Entertainment, tickets, passes, travel expenses (including employees and members of their immediate families. See	transportation, meals, lodging, etc.	) and enrollment or co	ourse 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		
none		\$			
☐ Information continued on attached pages					
candidates or a committee supporting or opposing a state	ecutive office candidate, a committee formed to support or oppose one of these aployer-affiliated PAC contributions.				
Name of Recipient		Amount	Date (and, if In-Kind, Description)		
None		\$			
	u viene				
to requirements and the second					
☐ 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 expenditure."	e office candidate or b	a) a statewide ballot proposition.		
Candidate's Name, Office Sought &	Party or	Amount	Date and Description of Expense		
Ballot Proposition Number & Brief D	escription		(Note if Support or Oppose)		
None		\$			
Information continued on attached pages  12. Compensation of \$2,400 or more during the preceding ca	lendar waar for amployment or prof	essional services poid	to state elected officials successful condidates for state		
office and each member of their immediate family.	iendai 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		
none					
☐ Information continued on attached pages					
<ol> <li>Compensation of \$2,400 or more during the preceding cal in which state elected official, successful state candidate of</li> </ol>	lendar year for professional services	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 or	indirectly to a state elected officia	l, successful candidate	for state office or member of their immediate family, if		
made to honor, influence or benefit the person because of Name	nis or ner official position.	Amount	Date and Purpose		
			Dute and I dipose		
none		\$			
☐ Information continued on attached pages					
**DOLLAR CODE AMOU	INT	**DOLLA CODE	R 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 2 or

L3

Employer's Name  Shell  Year report covers:  2018					
. Names of Registered Lobby	yists		Col 1-Salary	Col 2-Other	Total Amoun
				,	
	-	w	-	-	
		Total From This Page			
Entertainment, etc.	Name and Title		Cost or Value	Date and Descrip	tion of Expense
			\$		,
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		`			

## INFORMATION CONTINUED (Use this page if you need additional space for Items 10 or 11)

Employer's Name	Year report covers:			
10. Contributions				
Name of Recipient	Amount	Date (and, if In-Kind, Description)		
	\$			
11. Independent expenditures  Candidate's Name, Office Sought & Party or  Ballot Proposition Number & Brief Description	Amount	Date and Description of Expense (Note if Support or Oppose)		
Ballot Proposition Number & Brief Description		(Note if Support or Oppose)		
	\$			
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