THIS SPACE FOR OFFICE USE **DISCLOSURE COMMISSION** Employer's 711 CAPITOL WAY RM 206 PO BOX 40908 **Lobbying Expenses** OLYMPIA WA 98504-0908 (360) 753-1111 **TOLL FREE 1-877-601-2828** DATE FILED PDC Employer's Name (Use complete company, association, union or entity name.) MAR 28 2019 Attention (Identify person to whom inquiries about the information below should be directed; NOT the lobbyist, Mailing Address Telephone THIS REPORT MUST BE FILED BY THE LAST DAY OF FEBRUARY. Include expenditures made and accrued during the previous Alendar year for lobbying the Washington State Legislature and/or any state agency. Complete all sections. Use "none" or "0" when applicable. 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 2-Other **Total Amount** Total From Attached Page 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. 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); 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; 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 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.) 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.) Independent expenditures supporting or opposing a candidate for legislative or statewide executive office or a statewide ballot measure. (Also complete Item 11.) 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.) 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. Total Lobbying Expenses (Items 2 thru 7) 8. This report must be certified by the president, secretary-treasurer or similar office of lobbying employer.

Finc'l-Secretary Treasurer D_m. K. Il

Signature of Employer Officer

Certification: I certify that this report is true, complete and correct to the best of my

CONTINUE ON REVERSE

Date

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Employer's Name Year report covers:						
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 instruction 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) totaling over \$25 to a legislative or statewide executive office candidate, a committee formed to support or oppose one of these						
candidates or a committee supporting or opposing a statewide ballot measure. Do not list en		nployer-affiliated PAC contributions.				
Name of Recipient		Amount	Date (and, if In-Kind, Description)			
☐ 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		l Amount	Date and Description of Expense			
Ballot Proposition Number & Brief Description			(Note if Support or Oppose)			
		\$:			
☐ 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 fo office and each member of their immediate family.						
Name	Relationship to Candidate or Elected Official if Member of Family	Amount (Code)**	Description of Consideration or Services Exchanged for Compensation			
Information continued on attached pages 13. Compensation of \$2,400 or more during the preceding call	lander way for markering landing					
in which state elected official, successful state candidate of	or member of their immediate family	s paid to any corporati ly hold office, partners	ship, directorship or ownership interest of 10% or more.			
Firm Name	Person's Name	Amount (Code)**	Description of Consideration or Services Exchanged for Compensation			
☐ 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. Name		Amount	Date and Purpose			
		\$				
☐ Information continued on attached pages						

**DOLLAR
CODE AMOUNT

**DOLLAR
CODE AMOUNT

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

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 9)			L3		
Employer's Name	Year report covers:				
2. Names of Registered Lobbyists		Col 1-Salary	Col 2-Other	Total Amount	
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	•				
Total Fi	rom This Page				
9. Entertainment, etc. Name and Title	1	Cost or Value	Date and Descrip	ution of Expense	
	\$		200 410 2000.	or empone	
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INFORMATION CONTINUED

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

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

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Employer's Name	Year report covers:				
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	<u></u>				
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. Compensation of \$2,400 or more for professional services	S		<u> </u>		
Firm Name	Person'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		
		\$			

**DOLLAR
CODE AMOUNT

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