



LOBBYIST REGISTRATION

L1
(12/14)

THIS SPACE FOR OFFICE USE

JAN 28 2015

Public Disclosure Commission

1. Lobbyist Name
Aequus Consulting Corporation

Permanent Business Address
PO Box 1379

City Olympia State WA Zip 98507

Business Telephone Numbers
Permanent (360) 352-3100
Temporary ()
Cell Phone () or Pager

2. Temporary Thurston County address during legislative session
1611 Water Street SW, Olympia, WA 98501
E-Mail Address
Randy@aequus.com

3. Employer's name and address (person or group for which you lobby)
Franklin Public Utility District
c/o Debbie Bone-Harris 1411 W. Clark St., Pasco, WA 99301
Employer's occupation, business or description of purpose of organization
Utilities

4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports. (Person responsible for producing the lobbyist employer's annual L-3 report.)
Randy Ray
E-Mail Address

5. What is your pay (compensation) for lobbying?
\$ 36,000.00 per year (hour, day, month, year)
Other: Explain:

Description of employment (check one or more boxes)
 Full time employee
 Part time or temporary employee
 Contractor, retainer or similar agreement
 Unsalaries officer or member of group
 Sole duty is lobbying
 Lobbying is only a part of other duties

6. Are you reimbursed for lobbying expenses? Explain which expenses.
 Yes: \$ per
 Yes: I am reimbursed for expenses.
 No: I am not reimbursed for expenses.

Does employer pay any of your lobbying expenses directly? If yes, explain which ones.
No

7. How long do you expect to lobby for this organization?
 Permanent lobbyist
 Only during legislative session
 Other, Explain:

8. Is your employer a business or trade association or organization which lobbies on behalf of its members or a representative entity which lobbies on behalf of businesses, groups, associations, or organizations? If "yes," attach a list showing the name and address of each member or funder who has paid fees, dues or other payments over \$1,450 during either of the past two years or is expected to pay over \$1,450 this year.
 No
 Yes. However, no member or funder has paid, pays, or is expected to pay over \$1,450.
 Yes. The list is of parties attached

9. Does your employer have a connected, related or closely affiliated political action committee which will provide funds for you to make political contributions including purchase tickets to fund raising events? If so, list the name of that political action committee.
 No
 Yes. Name of the committee is:

10. If lobbyist is a company, partnership or similar business entity which employs others to perform actual lobbying duties, list name of each person who will lobby. (See WAC 390-20-143 and 144 for instructions.)
Randy Ray

11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:

01 <input type="checkbox"/> Agriculture	09 <input type="checkbox"/> Health Care
02 <input checked="" type="checkbox"/> Business and consumer affairs	10 <input type="checkbox"/> Higher education
03 <input type="checkbox"/> Constitutions and elections	11 <input type="checkbox"/> Human services
04 <input type="checkbox"/> Education	12 <input type="checkbox"/> Labor
05 <input checked="" type="checkbox"/> Energy and utilities	13 <input type="checkbox"/> Law and justice
06 <input checked="" type="checkbox"/> Environmental affairs - natural resources - parks	14 <input checked="" type="checkbox"/> Local government
07 <input type="checkbox"/> Financial institutions and insurance	15 <input checked="" type="checkbox"/> State government
08 <input checked="" type="checkbox"/> Fiscal	16 <input type="checkbox"/> Technology
	17 <input type="checkbox"/> Transportation
	18 <input type="checkbox"/> Other - Specify:

Remarks:

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement.

EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described in this registration statement.

12. LOBBYIST'S SIGNATURE
Randy Ray
Randall E. Ray, President

DATE
1-28-15

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE
Debbie Bone-Harris
Debbie Bone-Harris, Public Affairs Manager

DATE
1-28-15