



LOBBYIST REGISTRATION

THIS SPACE FOR OFFICE USE

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(12/14)

RECEIVED
JAN 23 2015

1. Lobbyist Name
JERALD E. FARLEY

Public Disclosure Commission

Permanent Business Address
16526 Shore Drive Northeast

Business Telephone Numbers
Permanent **206) 363-7573**
Temporary ()

City State Zip
Lake Forest Park Washington 98155-5631

Cell Phone **206) 713-3388**
or Pager

2. Temporary Thurston County address during legislative session
none

E-Mail Address
farley@uptime.org

3. Employer's name and address (person or group for which you lobby)
**Pacific Northwest Ballet
301 Mercer Street, Seattle, Washington 98109**

Employer's occupation, business or description of purpose of organization
**Recreation/Leisure:
Arts**

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)
**Ellen Walker, Executive Director
301 Mercer Street, Seattle, Washington 98109**

E-Mail Address
Ellen@PNB.org

5. What is your pay (compensation) for lobbying?
\$ 0 per _____
(hour, day, month, year)
Other: Explain: **volunteer**

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: **see below**

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.)
not applicable

11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:
- | | |
|---|--|
| CODE SUBJECT | CODE SUBJECT |
| 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 checked="" type="checkbox"/> Education | 12 <input type="checkbox"/> Labor |
| 05 <input type="checkbox"/> Energy and utilities | 13 <input type="checkbox"/> Law and justice |
| 06 <input type="checkbox"/> Environmental affairs - natural resources - parks | 14 <input type="checkbox"/> Local government |
| 07 <input type="checkbox"/> Financial institutions and insurance | 15 <input 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:
There is no payment for services and no reimbursement for any expenses. There are no expenses. I will take direction from Hogard and Johnson. I am acting only in my capacity as a member of the Board of Directors unique knowledge of the organization.

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 DATE
Jerald E. Farley 01/05/2015

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE DATE
Ellen Walker 1/8/15