PUBLIC DISCLOSI	JRE COMMISSION
	711 CAPITOL WAY RM 206
	PO BOX 40908
	OLYMPIA WA 98504-0908
	(360) 753-1111
· .	TOLL FREE 1-877-601-2828

LOBBYIST REGISTRATION

THIS SPACE FOR OFFICE USE DATE FILED PDC

TOLL FREE 1-877-601-2828			(12/03)	MAK -2 2015	
1. Lobbyist Name			Business Tel	ephone Numbers	
Ed Field			Permanent (509) 787-2921		
Permanent Business Address			Temporary ()	
612 N St SW			Cell Phone (509) 398-6253 or Pager		
City State	State Zip		E-Mail Address		
Quincy WA		98848	ed@wafeeders.org		
Temporary Thurston County address during legislative session			Employer's occupation, business or description of purpose of organization		
N/A					
3. Employer's name and address (person or group for which you lobby) Washington Cattle Feeders Association		Trade Or	ganization		
4. Name and address of person having custody of accounts, receipts, bo	ooks or other do	ocuments which substantiate	E-Mail Addre	SS	
lobbyist reports. (Person responsible for producing the annual L3 rep Will Derting	ооп) .		will	derting@hotmail.com	
5. What is your pay (compensation) for lobbying?		Description of employment (check one	or more boxes)		
\$ 118 perDAY		x ☐ Full time employee ☐ Sole duty is lobbying ☐ Part time or temporary employee ☐ Lobbying is only a part ☐ Contractor, retainer or similar agreement ☐ Unsalaried officer or member of group			
Are you reimbursed for lobbying expenses? Explain which expenses.		Does employer pay any of your lobbying		ectly?	
☐ Yes: \$ per X☐ Yes: I am reimbursed for expenses. ☐ No: I am not reimbursed for expenses.	:	If yes, explain which ones.			
7. How long do you expect to lobby for this organization? x□ Permanent lobbyist □ Only during legislative	esession	Other, Explain:			
8. Is your employer a business or trade association or similar organization member who has paid the association fees, dues or other payments of the payments	over \$500 during	g either of the past two years or is expec	ich a list showi ted to pay over	ng the name and address of each \$500 this year.	
x Yes. The list is attached	•	•			
 Does your employer have a connected, related or closely affiliated po to fund raising events? If so, list the name of that political action committee x No 	olitical action cor ee.	nmittee which will provide funds for you t	to make politica	al contributions including purchase tickets	
Yes. Name of the committee is:					
If lobbyist is a company, partnership or similar business entity which e 143 and 144 for instructions.)	employs others	to perform actual lobbying duties, list nar	ne or each per	SON WITO WILL TODDY. (SEE VACC 390-20-	
11. Areas of interest. Lobbying is most frequent before legislative commi	ittee members	Remarks:			
or state agencies concerned with following subjects: CODE SUBJECT	vices stice rnment rnment tion				
CERTIFICATION: I hereby certify that the above is a true, complete statement.		in this registration statement.		e employment authority to lobby described	
	ATE	EMPLOYER'S SIGNATURE, NAME	T TPED OR PH	RINTED, AND TITLE DATE	
(Class . 00 2)	/26/2016	Will Derting President		2/26/2015	