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## Edit Firm Emp Relationship KEYBANK

# Later IIII Ellip Neladoliship KETBANI

Firm \*

GANO & ASSOC\* (17565)

### Employer or Subcontracting \*

- Directly for an employer
- Subcontracting through a firm

#### Employer \*

**KEYBANK (16574)** 

### Compensation

Identify the compensation you receive for lobbying only and indicate how you are paid (i.e., hourly, monthly, other). If you receive no compensation for lobbying enter a zero (0) dollar amount.

10

Monthly Expenditure Report Instructions

What is your pay (compensation) for lobbying?

Compensation Amount \*

\$ 1800.00

Compensation Period \*

Per Month ▼

Other

Description of Employment \*

Uncoloried	officer or member of every
	officer or member of group
☐ Full time en	only part of other duties
	temporary employee
Sole duty is	
1970.	or retainer or similar agreement
penses and	d Reimbursement
ndicate how and t	o what degree you are paid for lobbying expenses other than your salary.
o you have	an ongoing reimbursement agreement from your client? *
No	
<ul><li>Yes</li></ul>	
re vou reimb	oursed for incidental lobbying expenses? *
<ul><li>No</li></ul>	and the first term of the firs
○ Yes	
V Ies	
oes employe	er pay any of your lobbying expenses directly? *
No	
O Yes	
bbying Ler	gth and Exemptions
gistered but not r	more of the exemptions described in RCW 42.17A.610, you can identify the months you are voluntarily required to file a monthly expense report. Select Yes for <b>Are you exempt from filing monthly reports?</b> at his for which you are exempt from reporting.
ow long do	you expect to lobby for this organization? *
	nt lobbyist

										70.00000 000-3 - 4.000-000	
Em	ploy	men	t Per	riod							
Sele	ct the r	nonths	you wi	ill be re	gistere	d to Io	bby for	this en	nploye	r.	
Sel	ect n	nont	hs y	ou w	ill lo	bby	for	his e	empl	loyer	in 2016
<b>/</b>	4	1	1	4	4	1	4	1	1	8	4
an	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
el	ect n	nonti	hs y	ou w	ill lo	bby	fort	his e	mpl	loyer	in 2017
1	•	1	1	4	4	1	•	1	7	1	€
an	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
g an	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
A LOWER TO SERVE A	***************************************										
yo No Ye	)	mpt i	from	filing	mon	thly	repo	rts fo	ran	y of ti	ne months your are employ
Ye	S			filing		thly	repo	rts fo	ran	y of tl	ne months your are employ
Ye oy	s er A	reas	of Ir	ntere	st						r state agencies.
Ye oy	s er A	reas ct area	of Ir	ntere	<b>st</b> you ar						
Ye loy	s er A	reas ct area	of Ir	ntere:	<b>st</b> you ar						

■ Education	
Energy and utilities	
Environmental Affairs - Natural resources - Parks	
✓ Financial institutions and insurance	
Health care	
Higher education	
Human services	
Labor	
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State government	
■ Technology	
☐ Transportation	
Other	

and correct statement. \*

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Overview

Signatures (client authorization)

Change authorization

Exempt from filing