



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

# LOBBYIST REGISTRATION

<b>L1</b> <small>(12/03)</small>	THIS SPACE FOR OFFICE USE
	DATE FILED PDC <b>DEC 30 2016</b>

1. Lobbyist Name  
**Coyne, Jesernig, LLC**

Permanent Business Address  
**625 Delphi Road NW**

City **Olympia** State **WA** Zip **98502**

Business Telephone Number **866-3825**  
Permanent ( 360 )  
Cell Phone ( 360 ) **951-0529**  
or Pager

E-Mail Address  
**jimjesernig@aol.com**

2. Temporary Thurston County address during legislative session  
**N/A**

Employer's occupation, business or description of purpose of organization  
**Agricultural Products Distributor**

3. Employer's name and address (person or group for which you lobby)  
**Aligned Ag Distributors, LLC**  
**224-B S Bell Ave, Ames, Iowa, 50010**

4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports. (Person responsible for producing the annual L3 report)  
**Brad Oelmann (same address as above)**

E-Mail Address  
**bradoelmann@alignedag.com**

5. What is your pay (compensation) for lobbying?  
**\$ 3,000** per **month**  
(hour, day, month, year)

Other: Explain:

Description of employment (check one or more boxes)

<input type="checkbox"/> Full time employee	<input type="checkbox"/> Sole duty is lobbying
<input type="checkbox"/> Part time or temporary employee	<input type="checkbox"/> Lobbying is only a part of other duties
<input checked="" type="checkbox"/> Contractor, retainer or similar agreement	
<input type="checkbox"/> Unsalaries officer or member of group	

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: **Until Issue with Revenue resolved**

8. Is your employer a business or trade association or similar organization which lobbies on behalf of its members? If "yes," attach a list showing the name and address of each member who has paid the association fees, dues or other payments over \$500 during either of the past two years or is expected to pay over \$500 this year.

No  
 Yes. However, no member has paid, pays, or is expected to pay over \$500.

Yes. The list is 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.)

**Jim Jesernig**

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

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

Remarks:

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

12. LOBBYIST'S SIGNATURE **James W. Jesernig** DATE **12/29/2016**

**EMPLOYER'S AUTHORIZATION:** Confirming the employment authority to lobby described in this registration statement. **Brad Oelmann CEO Aligned Ag Distributors**

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE DATE  
**Brad Oelmann** **12/28/16**

**NOT VALID UNLESS SIGNED BY BOTH**