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PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908			1 4	THIS SPACE FOR OFFICE USE
OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2929	LOBBYIST F	REGISTRATION	(12/14)	Date filed PDC
1. Lobbyist Name				DEC 06 2018
Bonagofsky, Jerrold B.				
Permanent Business/Address //			Business Telephone Numbers	
PO Box 2168			Permanent (%10) 352 503 } Temporary ( )	
City C State Zip			Cell Phone	(340) 280 203/
Olympia WA 98507-2168			or Pager	
2. Temporary Thurston County address during legislative session			E-Mail Addr	ļ
			Jerryb" loggers, com	
Employer's name and address (person or group for which you lobby)			purpose of o	
Washington Contract Luggers Association, Inc.			1.	-Association ter
4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate			F-Mail Addit	companies
lobbyist reports. (Person responsible for producing the lobbyist employer's annual L-3 report.)			1	b°loggers.com
DELLA COUNTY LO TOX 9108 CIGINDE OIL 1000 )			<u> </u>	
5. What is your pay (compensation) for Jobbying?		Description of employment (check one	or more boxes	
\$ per (hour, day, month, year)		☐ Full time employee ☐ Part time or temporary employee		Sole duty is lobbying  Cobbying is only a part
Other: Explain:  Contractor, retainer or similar agre Unsalaried officer or member of gr				of other duties
		Does employer pay any of your lobbying expenses directly? If yes, explain which ones.		
Yes: I am reimbursed for expenses.  No: I am not reimbursed for expenses.		All expenses  As needed on issues affection		
7. How long do you expect to lobby for this organization? As needed on issues aff				on issues affection
□ Permanent lobbyist □ Only during legislative session ☒ Other, Explain: WCLA Membership				iembership
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.)				
Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:				
CODE SUBJECT CODE SUBJECT				
02 Business and consumer affairs 10	Health Care Higher education			
04 Education 12	Human services Labor			
05 ☐ Energy and utilities 13 ☐ Environmental affairs - natural 14 ☐		•		
o7 Financial institutions and				
insurance 17 € 18 ☐				
CERTIFICATION: I hereby certify that the above is a tr statement.	EMPLOYER'S AUTHORIZATION: in this registration statement.	Confirming th	employment authority to lobby described	
LOBBYIST'S SIGNATURE	DATE	EMPLOYER'S SIGNATURE NAME	TYPED OR PI	RINTED AND TITLE DATE

agolf 12-5-2018