

**LOBBYIST REGISTRATION**

THIS SPACE FOR OFFICE USE  
**DATE FILED PDC**  
**JAN 15 2019**

**L1**  
 (12/03)

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

Permanent Business Address  
**625 Delphi Road NW**

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

Business Telephone Numbers  
 Permanent  
 Temporary ( )  
 Cell Phone (360 ) **951-5262**  
 or Pager

E-Mail Address  
**dancoyne@coynejesernig.com**

2. Temporary Thurston County address during legislative session

3. Employer's name and address (person or group for which you lobby)  
**Northwest Agricultural Cooperative Council**  
**PO Box 14911, Tumwater, WA 98511**

Employer's occupation, business or description of purpose of organization  
**Ag cooperative trade association.**

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)  
**Ben Buchholz, PO Box 14911, Tumwater, WA 98511**

E-Mail Address  
**ben@buchholzfarms.com**

5. What is your pay (compensation) for lobbying?  
 \$ 4,000 per month  
 (hour, day, month, year)

Other: Explain:

Description of employment (check one or more boxes)

Full time employee  
 Part time or temporary employee  
 Contractor, retainer or similar agreement  
 Unsalariated 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.

7. How long do you expect to lobby for this organization?

Permanent lobbyist  
 Only during legislative session  
 Other, Explain:

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.)

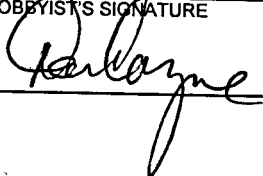
**Dan Coyne**

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


DATE  
**1/14/19**

**EMPLOYER'S AUTHORIZATION:** Confirming the employment authority to lobby described in this registration statement.

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE  
  
**Ben Buchholz, Executive Director**

DATE  
**1/15/19**

**NOT VALID UNLESS SIGNED BY BOTH**