



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

L1

THIS SPACE FOR OFFICE USE

DATE: _____ PDC

1. Lobbyist Name
T.K. Bentler/Public Affairs Associates

Permanent Business Address
5838 Athens Beach Drive, N.W.

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

Business Telephone: **JAN 25 2019**
 Permanent ()
 Temporary ()
 Cell Phone (360) **789-1176**
 or Pager
 E-Mail Address: **tkbentler@comcast.net**

2. Temporary Thurston County address during legislative session

Employer's occupation, business or description of purpose of organization
Business Association

3. Employer's name and address (person or group for which you lobby)
**Washington Cemetery, Cremation & Funeral Association
 5727 Baker Way NW, Suite 200, Gig Harbor, WA 98332**

4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports.
Katie Bohocky, CAE, Executive Director, address in line #3

5. What is your pay (compensation) for lobbying?
 \$ 19,500 per year
 (hour, day, month, year)
 Other: Explain:

Description of employment (check one or more boxes)

| | |
|---|--|
| <input type="checkbox"/> Full time employee | <input checked="" 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"/> Unsalariated 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.

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.)

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

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

12. LOBBYIST'S SIGNATURE: DATE: **1/16/19**

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

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE: DATE: **1/16/19**
Katie Bohocky, CAE, Executive Director