PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908

LOBBYIST REGISTRATION

	(360) 753-1111 TOLL FREE 1-877-601-2929			(12/14)	JAN 28 2019
Lobbyist Name				+	1
Gano and Associates					Ar Brance
Permanent Business A	ddress	,		Business Te	elephone Numbers
PO Box 98066				Permanent	(253) 984-7174
				Temporary (
City		State	Zip		(253) 241-1537
Lqkewood		WA	98496	or Pager	•
2. Temporary Thurston Co	County address during legislative s	ession		E-Mail Addres	
Aviation Technical Servi 3121 109 th St. SW Everett, WA 98204-131	8	·		purpose of or	occupation, business or description of organization vy Repair and Maintenance
Name and address of p lobbyist reports. (Perso Phillip Lebris , same	person having custody of accounts on responsible for producing the kee e address as above	s, receipts, books or other of obbyist employer's annual I	Jocuments which substantiate L-3 report.)	E-Mail Addres	ess @atsmro.com
5. What is your pay (comp	• •		Description of employment (check one	ie or more poxes,	
Other: Explain:	perMonth	_	□ Full time employee □ Part time or temporary employee X Contractor, retainer or similar agre □ Unsalaried officer or member of gr	reement group	X Sole duty is lobbyingLobbying is only a part of other duties
_	lobbying expenses? Explain whice per	ch expenses.	Does employer pay any of your lobbying if yes, explain which ones.		ectly?
Yes: I am reimb	bursed for expenses.	,	NO		
	eimbursed for expenses. It to lobby for this organization?				
X Permanent lobbyist	t 🔲 Only durin	ing legislative session	☐ Other, Explain:		
Is your employer a busing associations, or organization the past two years or is expending the No.	ected to pay over \$1,450 this year	if.	pehalf of its members or a representative each member or funder who has paid fees	es, aues or other p	ies on behalf of businesses, groups, payments over \$1,450 during either o
Yes. The list is of p	parties attached		aid, pays, or is expected to pay over \$1,45		
Does your employer hav to fund raising events? If so	ve a connected, related or closely b, list the name of that political acti	/ affiliated political action co-	ommittee which will provide funds for you	J to make political	I contributions including purchase tick
X No		on commune.			
Yes. Name of the c		the employe others	distant Enter		
143 and 144 for instructions.	.)	ntity which employs oulers	s to perform actual lobbying duties, list nar	me of each perso	on who will lobby. (See WAC 390-20
Steve Gano, Kathleen G					
or state agencies concerned	ying is most frequent before legisla with following subjects:	ative committee members	Remarks: Gambling / Scratch Tickets/ Lottery		
CODE SUBJECT 01 Agriculture 02 X Business and co 03 Constitutions ar 04 Education 05 Energy and utilit 06 Environmental a resources - par 07 Financial institut insurance	CODE 09	SUBJECT Health Care Higher education Human services Labor Law and justice Local government State government Technology Transportation			
08 X Fiscal	18 🗍 (Other - Specify:			
	18 🗍 (Other - Specify: e, complete and correct	EMPLOYER'S AUTHORIZATION: (in this registration statement.		
CERTIFICATION: I here statement.	18 🗍 (Other - Specify: e, complete and correct DATE	EMPLOYER'S AUTHORIZATION: (in this registration statement. EMPLOYER'S SIGNATURE, NAME T		