



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 <small>(12/03)</small> | THIS SPACE FOR OFFICE USE |
| | RECEIVED FEB 24 2017 |

1. Lobbyist Name
Dennis & Associates

Permanent Business Address
P O Box 4218

City: **Olympia** State: **WA** Zip: **98501-4218**

Business Telephone Numbers
 Permanent (360) **956-1082**
 Temporary ()
 Cell Phone (360) **350-2149** or Pager

E-Mail Address
lkdennis@juno.com

2. Temporary Thurston County address during legislative session

3. Employer's name and address (person or group for which you lobby)
Basin Disposal, Inc
P O Box 3850, Pasco, WA 99302

Employer's occupation, business or description of purpose of organization
Commercial Services

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)

Darrick Dietrich
Same as #3, above

E-Mail Address
darrick@basindisposal.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)
 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.

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: **WA Refuse and Recycling PAC**

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.)
Linda Kay Dennis

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 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 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 checked="" 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.

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

12. LOBBYIST'S SIGNATURE _____ DATE _____

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE _____ DATE _____

Darrick Dietrich *[Signature]* **Feb 24, 2017**