

LOBBYIST REGISTRATION

L1
(12/14)

THIS SPACE FOR OFFICE USE
 FILED PDC
FEB 26 2018

1. Lobbyist Name
Gano and Associates

Permanent Business Address
PO Box 98066

Business Telephone Numbers
 Permanent (253)984-7174
 Temporary ()

City State Zip
Lakewood WA 98496-8066

Cell Phone (253) 241-1536
 or Pager

2. Temporary Thurston County address during legislative session

E-Mail Address
kathy@stevegano.com

3. Employer's name and address (person or group for which you lobby)
**Cooke Aquaculture Inc.
 40 Wellington Row, Saint John , NB Canada E2L 3H3**

Employer's occupation, business or description of purpose of organization
Fish Farming

4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports. (Person responsible for producing the lobbyist employer's annual L-3 report.)

E-Mail Address
Joel.Richardson@cookeaqua.com

Joel Richardson Vice President Public Relations

5. What is your pay (compensation) for lobbying?
 \$ 30,000 per rest session flat fee
 (hour, day, month, year)
 Other: Explain:
Rest of session flat fee

Description of employment (check one or more boxes)

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

Steve Gano, Kathleen Gano , Brent Ludeman

11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:

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

Remarks:

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

12. LOBBYIST'S SIGNATURE [Signature] DATE 2-25-18

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

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE [Signature] DATE 2-25-18
Joel Richardson Vice President