
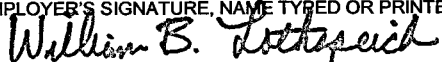


LOBBYIST REGISTRATION

L1
(12/14)

THIS SPACE FOR OFFICE USE
DATE FILED PDC

MAR 05 2018

1. Lobbyist Name ROGER G. FERRIS		Business Telephone Numbers Permanent (360) 943-3880 Temporary ()																																													
Permanent Business Address PO BOX 134		Cell Phone (360) 280-2352 or Pager																																													
City OLYMPIA	State WA	Zip 98507																																													
2. Temporary Thurston County address during legislative session		E-Mail Address rogerf@wfca.wa.gov																																													
3. Employer's name and address (person or group for which you lobby) WASHINGTON FIRE COMMISSIONERS ASSOCIATION PO BOX 134, OLYMPIA WA 98507		Employer's occupation, business or description of purpose of organization Provide education, research & legislative representation for fire protection districts.																																													
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.) SANDY BABCOCK PO BOX 134, OLYMPIA WA 98507		E-Mail Address wfca@wfca.wa.gov																																													
5. What is your pay (compensation) for lobbying? \$ 1,332.86 per month (hour, day, month, year) Other: Explain:		Description of employment (check one or more boxes) <input checked="" type="checkbox"/> Full time employee <input type="checkbox"/> Part time or temporary employee <input type="checkbox"/> Contractor, retainer or similar agreement <input type="checkbox"/> Unsalaries officer or member of group <input type="checkbox"/> Sole duty is lobbying <input checked="" type="checkbox"/> Lobbying is only a part of other duties																																													
6. Are you reimbursed for lobbying expenses? Explain which expenses. <input type="checkbox"/> Yes: \$ _____ per _____ <input checked="" type="checkbox"/> Yes: I am reimbursed for expenses. <input type="checkbox"/> No: I am not reimbursed for expenses.		Does employer pay any of your lobbying expenses directly? If yes, explain which ones. Third House Dues																																													
7. How long do you expect to lobby for this organization? <input checked="" type="checkbox"/> Permanent lobbyist <input type="checkbox"/> Only during legislative session <input type="checkbox"/> 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. <input type="checkbox"/> No <input type="checkbox"/> Yes. However, no member or funder has paid, pays, or is expected to pay over \$1,450. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Name of the committee is: Fire Services Fund of Washington																																															
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:		Remarks:																																													
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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 02/28/18	EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE  William "Brad" Lothspeich, WFCA Vice President																																												
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