

NOT VALID UNLESS SIGNED BY BOTH

PUBLIC DISCLOSUF	RE 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	NOV 29 2016
1. Lobbyist Name					
T.K. Bentler/Public Affairs Associates				Business Telephone Numbers	
Permanent Business Address				Permanent (	. )
	each Drive, N.W.	,		Cell Phone (	) 360 ) 789-1176
c <sub>ity</sub> Olympia		State WA	Zip 98502	E-Mail Addre	ss @comcast.net
2. Temporary Thurston Co.	unty address during legislative se	ession		<u> </u>	cupation, business or description of
<ol> <li>Employer's name and address (person or group for which you lobby)</li> <li>Future Income Payments, LLC</li> <li>18300 Von Karman Ave, Suite 410, Irvine, CA 92612</li> </ol>				Business	
Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports.					
Scott Kohn, 18300 Von Karman Ave, Suite 410, Irvine, CA 92612					
5. What is your pay (compensation) for lobbying?  Description of employment				or more boxes)	
\$78,000 persession (hour, day, month, year) Other: Explain:			☐ Full time employee ☐ Sole duty is lobbying ☐ Part time or temporary employee ☐ Lobbying is only a part ☐ Contractor, retainer or similar agreement of other duties ☐ Unsalaried 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.  7. How long do you expect to lobby for this organization?			Does employer pay any of your lobbying If yes, explain which ones.		tty?
☐ Permanent lobbyist ☑ Only during legislative session ☐ Other, Explain:					
<ul> <li>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.</li> <li>☑ No ☐ Yes. However, no member has paid, pays, or is expected to pay over \$500.</li> <li>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.</li> <li>☑ No</li> <li>☐ Yes. Name of the committee is:</li> </ul>					
<ol> <li>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.)</li> </ol>					
TK Bentler					
11. Areas of interest. Lobbyin or state agencies concerned w  CODE SUBJECT 01 Agriculture 02 Business and cor 03 Constitutions and 04 Education 05 Energy and utilitie 06 Environmental aff resources - park 07 Financial Institution insurance	CODE SUBJI 08 Fiscal 10 Higher 11 Labor 12 Law ar 13 Local 14 State gons and 15 Transp	ect r education n services nd justice government government portation	Remarks:		
Insurance 16 ☐ Other - Specify:  CERTIFICATION: I hereby certify that the above is a true, complete and correct statement.			EMPLOYER'S AUTHORIZATION: Confirmin	g the employee	ent authority to Johny docorbod to 45
12. LOBBYIST'S SIGNATURE	-	DATE	registration statement. EMPLOYER'S SIGNATURE, NAME TY		
PDC Form L-1 (rev. 12/00)	inthe 1	11/23/16	Scott Kohn, President	and little	ED, AND TITLE DATE .