

**PUBLIC DISCLOSURE COMMISSION**

711 CAPITOL WAY RM 206  
PO BOX 40908  
OLYMPIA WA 98504-0908  
(360) 753-1111  
TOLL FREE 1-877-601-2828

**L2**

12/14

PDC OFFICE USE

DATE FILED PDC

SEP 28 2016

**Lobbyist Monthly Expense Report**

(as required by Chapter 397, 1995 Session Laws)

1. Lobbyist Name

Jennifer Kurrie

Mailing Address

104 Wilmot Rd., MS #14

City

Deerfield

State

IL

Zip + 4

60015

New Address? ☐ Yes ☐ No2. This report is  
for the period

(Month)

(Year)

This report corrects or  
amends the report for8  
(Month)2016  
(Year)

Business Telephone

(415 ) 531 -2900

**ALL COMPLETE THIS PART**Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist  
incurred during the reporting period**COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER****Amount attributed to each employer****Expense Category****TOTAL AMOUNT  
THIS MONTH**  
All employers plus  
own expense  
(Columns a + b + c  
+ d and attached  
pages)Amounts paid from  
lobbyist's own funds,  
not reimbursed or  
attributed to an  
employer.

Column A

Employer  
No. \_\_\_\_

Column B

Employer  
No. \_\_\_\_

Column C

Employer  
No. \_\_\_\_

Column D

3. COMPENSATION earned from employer for lobbying this  
period (salary, wages, retainer)

\$1,607.00

\$ 1,607.00

\$

4. PERSONAL EXPENSES for travel, food and  
refreshments

\$

5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS  
for state officials, employees, their families (See #15)6. CONTRIBUTIONS to elected officials, candidates and  
political committees (See #16)

25,000.00

25,000.00

7. ADVERTISING, PRINTING, INFORMATIONAL  
LITERATURE8. POLITICAL ADS, PUBLIC RELATIONS, POLLING,  
TELEMARKETING, ETC. (See #17)

9. OTHER EXPENSES AND SERVICES (See #18)

10. TOTAL COMPENSATION AND EXPENSES INCURRED  
THIS MONTH

\$ 26,607.00

\$

\$ 26,607.00

\$

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS'  
NAMESNo. 1 (B) Walgreens

No. \_\_\_\_ (C)

No. \_\_\_\_ (D)

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.

Subject Matter, Issue or Bill No.

Legislative Committee or State Agency Considering Matter

Employer Represented

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature \_\_\_\_% State Agencies \_\_\_\_%.

**14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)**

Date registration ends:

Employer's name:

I understand that an L-2 report is required for any month or portion thereof in which I am a registered lobbyist. I also understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future. All registrations terminate automatically on the second Monday in January of each odd numbered year.

**CERTIFICATION**

I certify that this report is true and complete to the best of my knowledge.

LOBBYIST SIGNATURE

DATE

9/21/2016

CONTINUE ON REVERSE



2016  
(Year)

- |     |  |
|-----|--|
| N/A | Total expenses itemized on attached Memo Reports |
|-----|--|

N/A	Total contributions itemized on attached Memo Reports
-----	---

PAC Name:

- | Date | Recipient's Name and Address | Employer for Whom Expense was Incurred | Amount |
|------|------------------------------|--|--------|
|      |                              |  | \$     |

☐ Continued on attached page

INFORMATION CONTINUED

L2

(Use this page if you need additional space for Items 17 or 18)

Lobbyist Name

Jennifer Kurrie

Reporting Period

8  
(Month)

2016  
(Year)

17. Date	Names of Vendor or Person Receiving Payment	Description, Place, etc.	Sponsoring Employer	Amount
				\$

18. Date	Recipient's Name and Address	Employer for Whom Expense was Incurred	Amount
			\$

**INFORMATION CONTINUED**

(Use this page if you need additional space for Items 17 or 18)

**L2**

Lobbyist Name

Jennifer Kurrie

Reporting  
Period8  
(Month)2016  
(Year)

17. Date	Names of Vendor or Person Receiving Payment	Description, Place, etc.	Sponsoring Employer	Amount
				\$

  

18. Date	Recipient's Name and Address	Employer for Whom Expense was Incurred	Amount
			\$

