(360) 753-1111 TOLL FREE 1-877-601-2828 L2

PDC OFFICE USE

## DATE FILED PDC

## Lobbyist Monthly Expense Report (as required by Chapter 397, 1995 Session Laws)

	Lobbyist Name					-, · · · · · · · · · · · · · · · · · · ·	JU	L 11 2016
١.	T.K. Bentler-Public Affairs Associates							
	Mailing Address						†	
	5838 Athens Beach Road, N.W.							
	City	State	•	Zip -	+4			1 V
	Olympia	1	WA		98502		New Address?	Yes 🖾 No
2.	This report is	1	his report corrects	Or			Business Telephone	
	for the period June 2016 (Month) (Year)	a	mends the report	for (Month)	5	(Year)	(360)789 -11	176
	ALL COMPLETE TI	iis PA	RT			<del></del>	YOU HAVE MORE EMPLOYER	THAN ONE
1	nclude all reportable expenditures by lobbylst a of the lobbylst incurred during				ehalf	Amount at	tributed to each en	nployer
		TO T All e	TAL AMOUNT HIS MONTH employers plus wn expense umns a + b + c	Amounts paid lobbyist's own not reimburs attributed to	funds, sed or o an	Employer No. <u>1</u>	Employer No. 2	Employer No. 3
	Expense Category		and attached pages)	employe Column		Column B	Column C	Column D
3.	COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$	50,687.50			\$ 6,250.00\$	1,100.00\$	4,250.00
4.	PERSONAL EXPENSES for travel, food and refreshments			\$				60.00
5.	ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)							
6.	CONTRIBUTIONS to elected officials, candidates and political committees (See #16)		180.00		180.00			
7.	ADVERTISING, PRINTING, INFORMATIONAL LITERATURE							
8.	POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)		·					
9.	OTHER EXPENSES AND SERVICES (See #18)							
10	. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$	51,532.50	\$	180.00	\$ 6,250.00\$	1,100.00\$	4,310.00
				(Attach ad	Iditional pa	ge(s) if you lobby for mo	re than three employers	i.)
11	No. 1 (B) Metro Parks	of Ta	coma					
	No. 2 (c) Washington	State	Funeral Dire	ectors Assoc	iation			
12	No. 3. (D) Washington Association of Neighborhood Stores  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							
	Impaired Driving S L		Budget Pub Safety				MPT Intoximeters WANS	
							<del></del>	
13	Of the time spent lobbying, what percentage was devoted	o lobby	ing: the Led	islature <u>90</u> % S	tate Agend	cies <u>10</u> %.		
	TERMINATION: (COMPLETE THIS ITEM ONLY			<del></del>				
	Date registration ends: Emp	loyer's ı	name:					
	I understand that an L-2 report is required for any month of file a new registration prior to lobbying for that employer in							
<u> </u>			CERT	IFICATION				
I certify that this report is true and complete to the best of my knowledge.  LOBBYIST SIGNATURE							D	ATE

Continued on attached page.

Page 2	L2	I.
Lobbyist Name T.K. Bentler-Public Affairs Associates		01 <u>6</u> /ear)
<ul> <li>15. Itemize all of the following expenditures that were incurred by lobbyist or lobb families. Show the actual amount incurred for each individual or the arm.</li> <li>Entertainment expenditures exceeding \$25 per occasion (including lobbyist</li> <li>Travel, lodging and subsistence expenses in connection with a speech, pre</li> <li>Enrollment and course fees in connection with a seminar or educational pro Lobbyists must provide an elected official with a copy of the L-2 or Memo Rep and/or his or her family member(s); or 2) providing travel, lodging, subsistence</li> </ul>	ount fairly attributed to each. 's expense) for meals, beverages, tickets, passes, or fo sentation, appearance, trade mission, seminar or educations appearance, trade mission, seminar or educations or the lobbyist reports:  1) spending on one occasion	r other forms of entertainment. ational program. over \$50 for food or beverages for the official
N/A Names of all Persons Entertained or Provided Travel, etc.  N/A Total expenses itemized on attached Memo Reports	Description, Place, etc. Spon	soring Employer Amount
Continued on attached pages.		
16. If a monetary or in-kind contribution exceeding \$25 was given or transmitted to state candidates or elected officials; local and state officers or employees; poliocal or state ballot proposition. If a contribution exceeding \$25 was given to roots lobbying campaign.	itical committees supporting or opposing any candidate	, elected official, officer or employee or any
Date Name of Individual or Committee Receiving Contribution	Source of Contribution	· Amount
6/15/16 Rhenda Strub for St. Rep	Self	
N/A Total contributions itemized on attached Memo Reports —	to the second se	180.00
If contributions were made directly by a political action committee associated, PAC on C-4 report need not be again included in this L-2 report.)	affiliated or sponsored by your employer, show name o	f the PAC below. (Information reported by
Continued on attached pages. PAC Name:  17. Expenditures for: a) political advertising supporting or opposing a state or loc	al candidate or hallot measure; or hi public relations to	amarketing polling or similar activities that
directly or indirectly are lobbying-related must be itemized by amount, vendor attached page that also shows lobbyist name and report date. Put the aggreg 18. Payments by the lobbyist for other lobbying expenses and services, including	or person receiving payment, and a brief description of jate total of these expenditures on line 8.	the activity. Itemize each expenditure on an
or assistance in lobbying and payments for grass roots lobbying campaigns (	except advertising/printing costs listed in Item 7).	
Date Recipient's Name and Address	Employer for Whom Expense was Incu	### ##################################

DATE



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

L2

## Lobbyist Monthly Expense Report (as required by Chapter 397, 1995 Session Laws)

1.	T.K. Bentler-Public	Affairs Associates					*
	Mailing Address	·	<del></del>			-	
	5838 Athens Beach	Road, N.W.		•	-		
	City		State	Zip + 4	<del></del>		
	Olympia		WA	98502	2	New Address?	]Yes ⊠ No
2.	This report is	<del> </del>	This report corrects	s or		Business Telephone	)
	for the period June	<u>2016</u>	amends the report		043	(360) 789 -1	176
	(Month)	(Year) ALL COMPLETE TH	IIQ DADT	(Month)	(Year)	YOU HAVE MORE	THAN ONE
	<del></del>			·····	COMPLETE	EMPLOYER	THAN ONE
li	nclude all reportable exper of the lob	iditures by lobbylst a byist incurred during	nd lobbyist's employ the reporting period	yer for or on behalf d	Amount at	tributed to each e	nployer
	Expense Cate		TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer.	Employer No. 4	Employer No. <u>5</u>	Employer No. <u>6</u>
			pages)	Column A	Column B	Column C	Column D
3.	COMPENSATION earned from this period (salary, wages		\$		\$ 1,400.00	7,787.50	2,500.00
4.	PERSONAL EXPENSES for transfereshments	rel, food and		\$	60.00	260.00	
5.	ENTERTAINMENT, GRATUITIE for state officials, employees, the						
6.	CONTRIBUTIONS to elected off political committees (See #16)	icials, candidates and					
7.	ADVERTISING, PRINTING, INF LITERATURE	ORMATIONAL					
8.	POLITICAL ADS, PUBLIC RELATELEMARKETING, ETC. (See	ATIONS, POLLING, #17)	·	<del></del>			
9.	OTHER EXPENSES AND SERV	/ICES (See #18)					
10.	TOTAL COMPENSATION AND	EXPENSES INCURRED			1		
	THIS MONTH		\$ 0.00	\$ 0.00	d\$ 1,460.0d\$	8,047.50	2,500.00
11.	. EMPLOYERS'	1 (p) Washington	Cemetery Crema	(Attach additional p	age(s) if you lobby for mo	re than three employers	3.)
		-	•		00.00.0		
	No.		nerican, Inc. Servi	ces Company			
12	No. § Subject matter of proposed legis Subject Matter, Issue or B	lation or other legislative a	ctivity or rulemaking the lo	obbyist was supporting or o		Employer Repres	ented
	HB 2605	S &	H Commerce & V			WBG	
	Vapors/Cig Tax Dispositions		/&Ms, S Health S Judiciary	•		RAI/WANS WCFA/WSFI	DA
	Continued on attached pages		•				
	. Of the time spent lobbying, wha	<u> </u>		gislature 90% State Ager		·	
14	TERMINATION: (COMPLE	TE THIS ITEM ONLY I	F YOU WISH TO TER	MINATE YOUR REGIS	STRATION)		
	Date registration ends:	Empl	oyer's name:				
	I understand that an L-2 report in file a new registration prior to lol						

CERTIFICATION

LOBBYIST SIGNATURE

DATE



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

L2

**Lobbyist Monthly Expense Report** 

		(as required by Ch	apter 397, 1995 Session	ı Laws)		ł		
1.	Lobbyist Name					1		
	T.K. Bentler-Public Aff	airs Associates						
	Mailing Address			<del></del>	<del></del>	1		
	5838 Athens Beach R	oad, N.W.						
	City		State	Zip + 4				
	Olympia		WA	98502	i	New Address?	]Yes ⊠ No	
2.	This report is		This report corrects	or		Business Telephone		
	for the period <u>June</u>	<u> 2016</u>	amends the report			(360) 789 -1	176	
	(Month)	(Year)		(Month)	(Year)			
		ALL COMPLETE TH			COMPLETE	YOU HAVE MORE EMPLOYER	THAN ONE	
l:	nclude all reportable expendit of the lobbyi	tures by lobbylst a st incurred during	the reporting period	d	Amount at	tributed to each e	nployer	
	Expense Catego	or <b>v</b>	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer.	Employer No. <u>7</u>	Employer No. <u>8</u>	Employer No. <u>9</u>	
		•	+ d and attached pages)	Column A	Column B	Column C	Column D	
3.	COMPENSATION earned from emp		puges	Column				
	this period (salary, wages, re	tainer)	\$		\$ 5,000.00	2,000.0d	0.00	
4.	PERSONAL EXPENSES for travel, refreshments	food and		\$	·	80.08		
5.	ENTERTAINMENT, GRATUITIES, for state officials, employees, their for							
6.	CONTRIBUTIONS to elected official political committees (See #16)	ls, candidates and						
7.	ADVERTISING, PRINTING, INFOR LITERATURE	MATIONAL						
8.	POLITICAL ADS, PUBLIC RELATION TELEMARKETING, ETC. (See #17)							
9.	OTHER EXPENSES AND SERVICE	ES (See #18)						
10.	TOTAL COMPENSATION AND EXITHIS MONTH	PENSES INCURRED	\$ 0.00	\$ 0.00	\$ 5,000.00	2,080.00	0.00	
				(Attach additional pa	ge(s) if you lobby for mo	ore than three employer	i.)	
11.	EMPLOYERS'	m Annoisen C	anlitian of Manhim					
	<del>-</del>		oalition of Washin	•				
	No. <u>8</u>	(c) WA State Inc	lependent Auto D	ealers Association				
	No. <u>9</u>	(D)						
12.	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							
	Appraiser Omnibus H&S Commerce Comm ACOW							
_	• •							
	Continued on attached pages							
13.	Of the time spent lobbying, what per	rcentage was devoted to	o lobbying: the Leg	rislature 90% State Agen	cies <u>10</u> %.			
14	.TERMINATION: (COMPLETE	THIS ITEM ONLY I	F YOU WISH TO TER	MINATE YOUR REGIS	TRATION)			
	Date registration ends: 9/30/15	Empl	oyer's name: Washin	gton Lodging Assoc	iation			
	I understand that an L-2 report is refile a new registration prior to lobbyi							
			CERT	IFICATION	· · · · · · · · · · · · · · · · · · ·			

LOBBYIST SIGNATURE

CONTINUE ON REVERSE



1/02

Lobbyist Monthly Expense Report
(as required by Chapter 397, 1995 Session Laws)

							1	
1.	Lobbyist Name							
			Affairs Associate	S				
	Mailing Address							
		nens Bear	ch Road, N.W.					
	City			State	Zip + 4		New Address?	☐ Yes ⊠ No
	Olympia	<u> </u>		WA	9850	2	New Address!	
2.	This report is	1	0040	This report correct			Business Telephon	
	for the period	June (Month)	2016 (Year)	amends the report	t for (Month)	(Year)	(360 ) 789 -1	176
	<del></del>	(MONBI)	ALL COMPLETE	THIS PART	(MONUI)	T	IF YOU HAVE MORE	THAN ONE
						OOM! EE!E	EMPLOYER	THAN ONE
1:	nclude all rep			st and lobbyist's emplo ing the reporting perio		Amount	attributed to each e	mployer
	E	xpense Ca		TOTAL AMOUNT THIS MONTH Ali employers plus own expense (Columns a + b + c + d and attached	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer.  Column A	Employer No. <u>10</u> Column B	Employer No. <u>11</u> Column C	Employer No. <u>12</u> Column D
3.			n employer for lobbying	pages)	Column A		<u> </u>	<del></del>
	this perio	od (salary, wag	jes, retainer)	\$		\$	\$ 2,500.00	3,000.00
4.	PERSONAL EX refreshments	PENSES for t	avel, food and		\$			
5.			TIES, TRAVEL, SEMINAP their families (See #15)	RS				
6.	CONTRIBUTION political committee		officials, candidates and					·
7.	ADVERTISING, LITERATURE	PRINTING, II	NFORMATIONAL					
8.	POLITICAL ADS		LATIONS, POLLING, e #17)					
9.	OTHER EXPEN	SES AND SE	RVICES (See #18)					
10	. TOTAL COMPE THIS MONTH	NSATION AN	D EXPENSES INCURRE	\$ \$	\$	\$	\$ 2,500.00	3,000.00
					(Attach additional p	age(s) if you lobby for r	nore than three employer	s.)
11	. EMPLOYERS' NAMES	No.	<u>10</u> (B)					
		No.	11 (c) Motion Pic	cture Association of	America, Inc.			
12	•			any ve activity or rulemaking the l egislative Committee or St			Employer Repres	sented
		onitoring xes, Digita	al S	Pub Safety & L&J S W&Ms, H Finance, S&H Transportation	, L&J		3M MPAA 3M	
	Continued on atta	ached names		•				
	•					. 20		
			nat percentage was devol	the Let to lobbying: the Let LY IF YOU WISH TO TER	gislature 80% State Ager	—		
14	, IERMINATIO	N: (COMPL	EIE INIS HEM UNI	LT IF TOU WISH IO IEI	RMINATE TOUR REGIS	SIRATION)		
	Date registration	n ends:	E	Employer's name:				
	I understand tha file a new registr	it an L-2 repor ration prior to	t is required for any mont obbying for that employe	h or portion thereof in which r in the future. All registration	I am a registered lobbyist. Insterminate automatically c	I also understand that on the second Monday i	nce I have terminated my	registration, I must imbered year.
L				CFR1	TIFICATION	· · · · · · · · · · · · · · · · · · ·		
10	ertify that this repo	ort is true and	complete to the best of m		OBBYIST SIGNATURE	7.	/ 1	DATE



1/02

## Lobbyist Monthly Expense Report (as required by Chapter 397, 1995 Session Laws)

				•			
1.	Lobbyist Name					<b>1</b> ,	
		ublic Affairs Associate	S		· · · · · · · · · · · · · · · · · · ·	-	
	Mailing Address					]	
		Beach Road, N.W.	<del></del>				• <u>, , , , , , , , , , , , , , , , , , ,</u>
	City		State	Zip + 4	_	New Address?	]Yes ⊠ No
	Olympia		WA	9850	2		
2.	This report is for the period June	2016	This report correct			Business Telephone	
	(Mont		amends the report	(Month)	(Year)	(360)789 -11	176
		ALL COMPLETE			COMPLETE II	YOU HAVE MORE EMPLOYER	THAN ONE
	nclude all reportable of the	expenditures by lobbyla he lobbylst incurred duri	t and lobbyist's emplo	yer for or on behalf	Amount a	tributed to each er	npioyer
		e Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer.	Employer No. <u>13</u> Cotumn B	Employer No. 14	Employer No. <u>15</u>
3.	COMPENSATION earner	d from employer for tobbying	pages)	O O A A A A A A A A A A A A A A A A A A		<del></del>	
	this period (salary		\$		\$ 5,000.00	3,400.00\$	6,500.00
4.	PERSONAL EXPENSES refreshments	for travel, food and		\$		60.00	145.00
5.		TUITIES, TRAVEL, SEMINAR ees, their families (See #15)	s				
6.	CONTRIBUTIONS to ele- political committees (See	cted officials, candidates and #16)					· · · · · · · · · · · · · · · · · · ·
7.	ADVERTISING, PRINTIN LITERATURE	IG, INFORMATIONAL			Ĉ.		<del>-, -, -, -</del> , -
8.	POLITICAL ADS, PUBLIC TELEMARKETING, ETC.	C RELATIONS, POLLING, . (See #17)					
9.	OTHER EXPENSES AND	D SERVICES (See #18)					
10	. TOTAL COMPENSATION THIS MONTH	N AND EXPENSES INCURRE	\$	\$	\$ 5,000.00	3,460.00\$	6,645.00
				(Attach additional p	page(s) if you lobby for mo	ore than three employers	i.)
11.	. EMPLOYERS' NAMES	No. 13 (B) Motor Veh	•				
		No. 15 (D) Future Inc	ome Payments, LLC	3			
12	2. 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						ented
	24/7 Sobriety Electronic Trar SB 6622	nsfe T	udiciary, L&J, Pub S ransportation W&Ms, S Rules	Safety		Intoximeters MVSC FIP, LLC	
	Continued on attached page	es ·					
13	. Of the time spent lobbying	g, what percentage was devote	ed to lobbying: the Le	gislature 90% State Age	ncies 10%.		
		MPLETE THIS ITEM ONL					
	Date registration ends:		nployer's name:		·		
	I understand that an L-2 r file a new registration price	report is required for any month or to lobbying for that employer	or portion thereof in which in the future. All registration	I am a registered lobbyist. ns terminate automatically	I also understand that one on the second Monday in	ce I have terminated my January of each odd nu	registration, I must mbered year.
			CEDI	TIFICATION	· · · · · · · · · · · · · · · · · · ·		<del></del>

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