

**L2**  
12/14

PDC OFFICE USE  
**DATE FILED PDC**  
**OCT 13 2016**

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

1. Lobbyist Name  
**Nancy K. Osborne**

Mailing Address  
**588 Bell street, Unit 1701**

City **Seattle** State **WA** Zip + 4 **98121**

New Address?  Yes  No

2. This report is for the period July (Month) **2016** (Year)  
 This report corrects or amends the report for \_\_\_\_\_ (Month) \_\_\_\_\_ (Year)  
 Business Telephone **(206) 465 -1175**

ALL COMPLETE THIS PART			COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER		
Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period			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)	\$ 0		\$	\$	\$
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)					
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	\$ 0	\$	\$	\$	\$

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

11. EMPLOYERS' NAMES  
 No. \_\_\_\_ (B) **Bloodworks NW**  
 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. **SHB 2580** Legislative Committee or State Agency Considering Matter **House Health Care and Wellness** Employer Represented **Bloodworks NW**

Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 50 % State Agencies 50 %.

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 *Nancy K. Osborne* DATE **10/12/2016**

CONTINUE ON REVERSE