

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

1/02

## DATE FILED PDC

## Lobbyist Monthly Expense Report

(as required by Chapter 397, 1995 Session Laws) Lobbyist Name **Evergreen Public Affairs** Mailing Address 349 Sixteenth Avenue City State Zip + 4 New Address? ☐ Yes ⊠ No Seattle WA 98122-5614 This report is This report corrects or **Business Telephone** for the period october 2018 amends the report for (206 ) 852 -3616 (Month) (Year) (Month) (Year) 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 TOTAL AMOUNT Amounts paid from THIS MONTH lobbyist's own funds, **Employer Employer Employer** All employers plus not reimbursed or No. 1 No. 2 No. 3 own expense attributed to an (Columns a + b + c Expense Category employer. + d and attached Column B Column C Column A Column D pages) COMPENSATION earned from employer for lobbying this period (salary, wages, retainer) \$ 0.00 0.00\$ 0.00\$ 0.00 PERSONAL EXPENSES for travel, food and refreshments \$ 5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15). CONTRIBUTIONS to elected officials, candidates and political committees (See #16) ADVERTISING, PRINTING, INFORMATIONAL LITERATURE . . . . . . POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17) OTHER EXPENSES AND SERVICES (See #18) 10. TOTAL COMPENSATION AND EXPENSES INCURRED 0.00 \$ 0.00\$ 0.00 \$0.00\$ 0.00 THIS MONTH (Attach additional page(s) if you lobby for more than three employers) 11. EMPLOYERS' No. 1 (B) Nat'l Assoc. of Social Workers - WA Chapter (NASW-WA) NAMES No. 2 (c) WA State Assoc. of Drug Court Professionals (WADCP) No. 3 (D) WA Assoc.of Colleges for Teacher Education (WACTE) 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. 0% ... State Agencies 0%. 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 LOBBYST SIGNATURE DATE 11/14/18 **CONTINUE ON REVERSE**