L2

PDC OFFICE USE

DATE FILED POC

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

Lobbyist Name AJ Johnson Mailing Address 1069 Adams Street SE City State Zip + 4 New Address? ☐ Yes X No 98501 Olympia This report corrects or Business Telephone This report is for the period 05 amends the report for (360) 943 - 3030 (Year) (Month) (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 Amount attributed to each employer incurred during the reporting period TOTAL AMOUNT Amounts paid from THIS MONTH lobbyist's own funds, **Employer Employer Employer** All employers plus not reimbursed or No. 1 No. ___ No. ___ own expense attributed to an (Columns a + b + c employer. **Expense Category** + d and attached Column B Column C Column D Column A pages) COMPENSATION earned from employer for lobbying this period (salary, wages, retainer) \$ 2974.86 2974.86 \$ PERSONAL EXPENSES for travel, food and refreshments \$ 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) 9. OTHER EXPENSES AND SERVICES (See #18) 10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH \$ 2974.86 \$ 2974.86 \\$ (Attach additional page(s) if you lobby for more than three employers.) 11. EMPLOYERS' No. 1 (B) Washington State Council of Fire Fighters (WSCFF) NAMES No. ___ (C) _ (D) No. 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** Fire Service Issues ☐ 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

6/5/19