

DATE FILED FDC

JAN 03 2017

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

1. Lobbyist Name Washington State Nurses Association Mailing Address 575 Andover Park W. #101 State City Zip + 4 New Address? ☐ Yes x No Seattle WA 98188 This report corrects or Business Telephone This report is 2016 12 for the period amends the report for (206) 575 - 7979 (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 Amount attributed to each employer incurred during the reporting period TOTAL AMOUNT Amounts paid from **Employer** THIS MONTH Employer lobbyist's own funds, **Employer** All employers plus not reimbursed or No.-1-No. 2 No. own expense attributed to an (Columns a + b + c employer. **Expense Category** + d and attached Column B Column C Column D pages) Column A COMPENSATION earned from employer for lobbying this period (salary, wages, retainer) \$ 800 400 400 PERSONAL EXPENSES for travel, food and refreshments \$ ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15) 0 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) 0 10. TOTAL COMPENSATION AND EXPENSES INCURRED \$ 800 THIS MONTH \$ 400 **\$** 400 (Attach additional page(s) if you lobby for more than three employers.) 11. EMPLOYERS No. 1 (B) School Nurses of Washington (SNOW) NAMES No. 2 (c) Association of Advanced Practice Psychiatric Nurses (AAPPN) 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 SNOW & AAPPN** Nursing/health care issues ☐ Continued on attached pages the Legislature 50 % State Agencies 50%. 13. Of the time spent lobbying, what percentage was devoted to lobbying: 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 LOBBYIST-SIGNATURE DATE I certify that this report is true and complete to the best of my knowledge.

1/3/2017