PDC OFFICE USE

	thly Expens		1/15	_	E FILED PDC N 12 2017
1. Lobbyist Name Mailing Address TSOO — He Will AVP	Suite	#300		_	
Enveratt	State A.	782	01-3789	New Address?	☐ Yes D No
2. This report is for the period (Month) (Year)	This report correct amends the report		(Year)	Business Telepho	
ALL COMPLETE TH	COMPLETE IF YOU	COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER			
Include all reportable expenditures by lobbyist and le lobbyist incurred during the	Amount attributed to each employer				
	TOTAL AMOUNT THIS MONTH All employers plus	Amounts paid from lobbyist's own funds, not reimbursed or	Employer No.	Employer No	Employer
Expense Category	(Columns a + b + c + d and attached pages)	attributed to an employer. Column A	Column B	Column C	Column D
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)					
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 (Attach additional page(s) if you lobby for more than three employers.) 11. EMPLOYERS' NAMES 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. Legislative Committee or State Agency Considering Matter

Employer Represented

CONTINUE ON REVERSE

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П	Continued on attached pages							
ш	Continued on attached pages	120						
13.	Of the time spent lobbying, what percentage was devoted to lobbying:	the Legislature 100%	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 thereo	of in which I am a registered lobbyis	t. I also understand th	at once I have terminated my	registration, I must			
	file a new registration prior to lobbying for that employer in the future. All	registrations terminate automatical	ily on the second Mono	day in January of each odd nu	mbered year.			
	<u> </u>							
CERTIFICATION								
I ce	rtify that this report is true and complete to the best of my knowledge.	LOBBYIST SIGNATURE	$\Lambda \Lambda $		DATE			
	Thallie Church	IN MANY	VIM. INAIN	1-11	N-17			
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