

L2
1/02

PDC OFFICE USE

DATE FILED PDC
MAR 07 2017

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

1. Lobbyist Name MERLIN ADVOCATES
Mailing Address 8345 Camano Loop, N.E.
City LACEY, WA State WA Zip + 4 98514
New Address? ☐ Yes ☒ No
2. This report is for the period FEBRUARY 2017 (Month) (Year)
This report corrects or amends the report for (Month) (Year)
Business Telephone 360 705-1161

ALL COMPLETE THIS PART

Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period

COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER

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. <u>B</u> Column B	Employer No. <u>C</u> Column C	Employer No. <u>D</u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ <u>5635</u>		\$ <u>2200</u>	\$ <u>1000</u>	\$ <u>2435</u>
4. PERSONAL EXPENSES for travel, food and refreshments	<u>500</u>	\$ <u>376</u>	<u>124</u>	<u>0</u>	<u>0</u>
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
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	\$ <u>6135</u>	\$ <u>376</u>	\$ <u>2324</u>	\$ <u>1000</u>	\$ <u>2435</u>

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

11. EMPLOYERS' NAMES
No. B (B) SNO-KING
No. C (C) WARG
No. D (D) PWB

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

Fiscal & policy issues

Legislation, ORM, DOC, DCH, DOE, staff

all

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 80 % State Agencies 20 %.

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

[Signature]

03-06-2017

CONTINUE ON NEXT PAGE

Mertin Advocates

Reporting
Period

February 2017
(Month) (Year)

- | Date | Names of all Persons Entertained or Provided Travel, etc. | Description, Place, etc. | Sponsoring Employer | Amount |
|------|---|--------------------------|---------------------|--------|
| | | | | \$ |

N/A	Total expenses itemized on attached Memo Reports
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☐ Continued on attached pages.

- | Date | Name of Individual or Committee Receiving Contribution | Source of Contribution | Amount
\$ |
|------|--|------------------------|--------------|
| | | | |

N/A	Total contributions itemized on attached Memo Reports
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If contributions were made directly by a political action committee associated, affiliated or sponsored by your employer, show name of the PAC below. (Information reported by PAC on C-4 report need not be again included in this L-2 report.)

☐ Continued on attached pages.

PAC Name: _____

- | Date | Recipient's Name and Address | Employer for Whom Expense was Incurred | Amount |
|------|------------------------------|--|--------|
| | | | \$ |

☐ Continued on attached page