PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY F

711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

DATE FILED PDC

Lobbyist Mon (as required by C	MAR	13 2017						
1. Lobbyist Name DAULO WEST		ì						
Malling Address 2800-15T-AV4								
city Slottle Wr	7 State 9	181211		New Address?	☐ Yes SNo			
2. This report is for the period (Month) 2017 (Year)	This report corrects amends the report		(Year)	Business Telepho				
				HAVE MORE THAN ONE EMPLOYER				
include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist			Amount a	Amount attributed to each employer				
mcorrea during the rep	incurred during the reporting period  TOTAL AMOUNT Amounts paid from				T.			
and the second property of the second se	All employers plus	⊸lobbylst's own funds,~ not reimbursed or	No	No	Employer			
Funance Catagony	own expense (Columns a + b + c	attributed to an employer.	10	140	No			
Expense Category	+ d and attached pages)	Column A	Column B	Column C	Column D			
<ol> <li>COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)</li> </ol>	\$ 38/797		\$ \$		\$			
PERSONAL EXPENSES for travel, food and refreshments	6075	\$						
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)	0			¥ ~	3 - 00 1			
CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	0	-	-	,				
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE	-0							
POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)	0			-				
9. OTHER EXPENSES AND SERVICES (See #18)	0							
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$442515	\$	\$ \$	. 4	<b>5</b>			
(Attach additional page(s) if you lobby for more than three employers.)								
11. EMPLOYERS' NAMES No (B)								
No (C)								
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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 Leg	islature%	State Agencies	<b>%</b> .				
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.								
	CERT	FIGATION						
I certify that this report is true and complete to the best of my kno	wiedge. LØ	BEYET/SIGNATURE	.1 7///		DATE /			

	age &			9 Mar 1 Comp.						
Lobi	yıst Name		Reporting Period (Month	) (Year)						
	<ul> <li>15. Itemize all of the following expenditures that were incurred by lobbyist or lobbyist employer(s) for legislators, state officials, state employees and members of their immediate families.</li> <li>Show the actual amount incurred for each individual or the amount fairly attributed to each.</li> <li>Entertainment expenditures exceeding \$25 per occasion (including lobbyist's expense) for meals, beverages, tickets, passes, or for other forms of entertainment.</li> <li>Travel, lodging and subsistence expenses in connection with a speech, presentation, appearance, trade mission, seminar or educational program.</li> <li>Enrollment and course fees in connection with a seminar or educational program.</li> <li>Lobbyists must provide an elected official with a copy of the L-2 or Memo Report if the lobbyist reports: 1) spending on one occasion over \$50 for food or beverages for the official and/or his or her family member(s); or 2) providing travel, lodging, subsistence expenses or enrollment or course fees for the official and, if permitted, the official's family.</li> </ul>									
	Date	Names of all Persons Entertained or Provided Travel, etc.	Description, Place, etc.	Sponsoring Employer	Amount					
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	-			11.						
					* * * * * * * * * * * * * * * * * * * *					
	N/A	Total expenses itemized on attached Memo Reports		-	•					
	Continued	a etterhad gange								
16.	Continued on attached pages.  If a monetary or in-kind contribution exceeding \$25 was given or transmitted by the lobbyist to any of the following, itemize the contribution below or on a Memo Report: local and state candidates or elected officials; local and state officers or employees; political committees supporting or opposing any candidate, elected official, officer or employee or any local or state ballot proposition. If a contribution exceeding \$25 was given to the following, itemize the contribution below: a caucus political committee; a political party; or a grass roots lobbying campaign.									
	Date	Name of Individual or Committee Receiving Contribution	Source of Contribution		Amount					
					\$					
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	N/A Total contributions itemized on attached Memo Reports									
	if contribution C-4 rep	tions were made directly by a political action committee associate port need not be again included in this L-2 report.)	d, affiliated or sponsored by your employer,	show name of the PAC below. (Inform	ation reported by PAC					
	Continued of	on attached pages. PAC Name			The activities that					
17.	directly or	res for: a) political advertising supporting or epposing a state or indirectly are lobbying-related must be itemized by amount, vend age that also shows lobbyist name and report date. Put the age	or or person receiving payment, and a bner of	lescription of the activity. Itemize each	expenditure on an					
18.	Payments	by the lobbyist for other lobbying expenses and services, including in lobbying and payments for grass roots lobbying campaigns (e	ng payments to subcontract lobbyists, expert	witnesses and others retained to provi 7).	de lobbying services or					
	Date	Recipient's Name and Address	Employer for Whom Exp		Amount					
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