

**L2**  
1/02

PDC OFFICE USE

DATE FILED PDC

JUN 07 2017

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

1. Lobbyist Name MERLIN ADVOCATES  
 Mailing Address 607 4248  
 City OLYMPIA State WA Zip + 4 98501  
 New Address?  Yes  No

2. This report is for the period MAY 2017 (Month) (Year)  
 This report corrects or amends the report for \_\_\_\_\_ (Month) (Year)  
 Business Telephone (360) 298-6200

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 incurred during the reporting period		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)	\$ 5635		\$ 2200	\$ 2435	\$ 1000
4. PERSONAL EXPENSES for travel, food and refreshments	500	\$ 265	140	0	95
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)		0	0	0	0
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)		0	0	0	0
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	\$ 6135	\$ 265	\$ 2340	\$ 2435	\$ 1095

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

11. EMPLOYERS' NAMES  
 No. B (B) SNT-KINC  
 No. C (C) PWB  
 No. D (D) WAPP

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.  
 Subject Matter, Issue or Bill No. Various fiscal & policy issues, PWB  
 Legislative Committee or State Agency Considering Matter O O Com, DOTH, DCE, Governor's office, H. Treas. OFM  
 Employer Represented All

Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 65 % State Agencies 35 %

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 [Signature] DATE 6-7-2017  
 CONTINUE ON NEXT PAGE