(360) 753-1111 TOLL FREE 1-877-601-2828 L2

PDC OFFICE USE

## DATE FILED PDC

JUN 152017

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

1. Lobbyist Name Lloyd H.	Flem	· · · · · · · · · · · · · · · · · · ·	4	-	·*			
Mailing Address 620 Bounds	1							
City Olympia WA 98501					New Address?			
2. This report is for the period May 2017  (Month) (Year)	This report correct amends the report	*	(Year)	Business Telephor	siness Telephone W 976-6286			
ALL COMPLETE TH	IIS PART		COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER					
Include all reportable expenditures by lobbyist and i lobbyist incurred during the	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	Employer No. Z	Employer No Column D			
COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$1200		\$ 700 s	500	\$			
4. PERSONAL EXPENSES for travel, food and refreshments	90	\$ 90						
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		,						
POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)		` -	,					
9. OTHER EXPENSES AND SERVICES (See #18)				·				
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$290	\$ 90	\$ 700 s	500	\$			
10. TOTAL COMPENSATION AND EXPENSES INCURRED \$290 \$700 \$500 \$  THIS MONTH  11. EMPLOYERS' NAMES  No. 1 (B) A11 Abard Washington  No. 2 (C) Talgo, Tive.								
No. (D)		•			,			
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								
State Rail Program Legislative RailCaucal AAWA WS DOT-Rail Talgo								
☐ Continued on attached pages								
13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature% 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 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	TIFICATION						
I certify that this report is true and complete to the best of my knowledge.  LOBBYIST SIGNATURE  DATE								

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Lob	byist Name	Ţ.								
			Reporting	Month) (Year)	-					
	families. I entertaini  Entertai  Receptie  Travel, I  Enrollm	of the following expenditures that were incurred by lobbyist or lon the total amount column, show the total amount spent for an each individual, as shown in the example.  Inment expenditures exceeding \$50 per occasion (including lobbyons. See WAC 390-20-020A, L-2 Reporting Guide, to determine odging and subsistence expenses in connection with a speech, ent and course fees in connection with a seminar or educational must provide an elected official with a copy of the L-2 or Memo For her family member(s); or 2) providing travel, lodging, subsiste Names of all Persons Entertained or Provided Travel, etc. Include actual amounts spent for entertainment Example: Sen Bow (\$32), Rep Arrow (\$28), and J. D. Lobbyist (\$36) tax & gratuity (\$25.41)	reach occasion including any staging vist's expense) for meals, beverages, ticle if per person cost is required, presentation, appearance, trade mission program. Report if the lobbyist reports: 1) spending	costs, tax, and gratuity. Also show the kets, passes, or for other forms of entertain seminar or educational program.	ment.					
`	-									
	N/A	Total expenses itemized on attached Memo Reports			4					
		on attached pages.	- \							
16.	16. 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	f Contribution	<sup>~</sup> Amount					
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	*		- ,		<b> </b>					
	N/A	Total contributions itemized on attached Memo Reports		* *	•					
_		tions were made directly by a political action committee associa port need not be again included in this L-2 report.)	ted, affiliated or sponsored by your emplo	oyer, show name of the PAC below. (Inform	nation reported by PAC					
	Continued	on attached pages. PAC Name:	- '							
17.	17. Expenditures for: a) political advertising supporting or opposing a state or local candidate or ballot measure; or b) public relations, telemarketing, polling or similar activities that directly or indirectly are lobbying-related must be itemized by amount, vendor or person receiving payment, and a brief description of the activity. Itemize each expenditure on an attached page that also shows lobbyist name and report date. Put the aggregate total of these expenditures on line 8.									
18.		by the lobbyist for other lobbying expenses and services, includ nce in lobbying and payments for grass roots lobbying campaigr			ide lobbying services					
	Date	Recipient's Name and Address	Employer for Whom	n Expense was incurred	Amount					
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