

**L2**  
1/15

PDC OFFICE USE  
 DATE FILED PDC  
 JUL 11 2017

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

1. Lobbyist Name Lloyd H. Flem  
 Mailing Address 620 Boundary St SE  
 City Olympia State WA Zip + 4 98501  
 New Address? ☐ Yes ☒ No  
 2. This report is for the period June 2017 (Month) (Year)  
 This report corrects or amends the report for (Month) (Year)  
 Business Telephone 360 870 6286

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>1</u> Column B	Employer No. <u>2</u> Column C	Employer No. <u>   </u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ <u>900.00</u>		\$ <u>300.00</u>	\$ <u>500.00</u>	\$
4. PERSONAL EXPENSES for travel, food and refreshments	\$ <u>0</u>	\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6. 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	\$ <u>900.00</u>	\$ <u>0</u>	\$ <u>300.00</u>	\$ <u>500.00</u>	\$

11. EMPLOYERS' NAMES  
 No. 1 (B) All Aboard WASHINGTON  
 No. 2 (C) Talgo, Inc.  
 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. Passenger Rail Program Legislative Committee or State Agency Considering Matter WSDOT- Rail Div.  
Restoration of Yakima Valley Trains WSDOT, H+S Transp Cntr, WST Comm.  
 Employer Represented AAWA  
AAWA, Talgo Inc

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.

**CERTIFICATION**  
 I certify that this report is true and complete to the best of my knowledge.  
 LOBBYIST SIGNATURE Lloyd Harris Flem DATE 7/11/17  
 CONTINUE ON REVERSE

Reporting Period	(Month)	(Year)
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- Entertainment expenditures exceeding \$50 per occasion (including lobbyist's expense) for meals, beverages, tickets, passes, or for other forms of entertainment.
- Receptions. See WAC 390-20-020A, L-2 Reporting Guide, to determine if per person cost is required.
- Travel, lodging and subsistence expenses in connection with a speech, presentation, appearance, trade mission, seminar or educational program.
- Enrollment and course fees in connection with a seminar or educational program.

Date	Names of all Persons Entertained or Provided Travel, etc. Include actual amounts spent for entertainment <i>Example: Sen Bow (\$32), Rep Arrow (\$28), and J. D. Lobbyist (\$36) tax &amp; gratuity (\$25.41)</i>	Description, Place, etc.	Sponsoring Employer	Total Amount
mm/dd/year		Dinner at Anthony's, Olympia	XYZ Corporation	\$121.41
N/A	Total expenses itemized on attached Memo Reports →			

Date	Name of Individual or Committee Receiving Contribution	Source of Contribution	Amount \$
N/A	Total contributions itemized on attached Memo Reports		

PAC Name: \_\_\_\_\_

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

☐ Continued on attached page.