

**L2**

1/02

# Lobbyist Monthly Expense Report

(as required by Chapter 397, 1995 Session Laws)

DATE FILED PDC

AUG 18 2017

1. Lobbyist Name

Lindsey Grad

Mailing Address

15 South Grady Way, Suite 200

City

Renton

State

WA

Zip + 4

98057

New Address? ☐ Yes ☐ No

2. This report is  
for the period

JULY  
(Month)

2017  
(Year)

This report corrects or  
amends the report for

(Month)

(Year)

Business Telephone

(425) - 917 1199

## 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. \_\_\_\_

Column B

Employer  
No. \_\_\_\_

Column C

Employer  
No. \_\_\_\_

Column D

3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)

\$10153.05

\$

\$

\$

4. PERSONAL EXPENSES for travel, food and refreshments

\$ 339.38

\$

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

\$10492.43

\$

\$

\$

\$

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

11. EMPLOYERS' NAMES

No. \_\_\_\_ (B)

No. \_\_\_\_ (C)

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

Healthcare

All

SEIU 1199 NW

☐ 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.

## CERTIFICATION

I certify that this report is true and complete to the best of my knowledge.

LOBBYIST SIGNATURE

*Lindsey Grad*

DATE

8-12-2017

CONTINUE ON REVERSE