



## PUBLIC DISCLOSURE COMMISSION

711 CAPITOL WAY RM 206

PO BOX 40908

OLYMPIA WA 98504-0908

(360) 753-1111

TOLL FREE 1-877-601-2828

L2

1/02

PDC OFFICE USE

## Lobbyist Monthly Expense Report

(as required by Chapter 397, 1995 Session Laws)

DATE FILED PDC

OCT 11 2016

1. Lobbyist Name

Sue Elliott

Mailing Address

2638 State Avenue NE

City

Olympia

State

WA

Zip + 4

98506

New Address?

Yes ☐ No2. This report is  
for the periodSept.  
(Month)2016  
(Year)This report corrects or  
amends the report for

(Month)

(Year)

Business Telephone

(360) 357-5596

## 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. 1

Column B

Employer  
No. \_\_\_\_

Column C

Employer  
No. \_\_\_\_

Column D

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

\$ 300.00

\$ 300.00

\$

4. PERSONAL EXPENSES for travel, food and  
refreshments

\$

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  
LITERATURE8. POLITICAL ADS, PUBLIC RELATIONS, POLLING,  
TELEMARKETING, ETC. (See #17)

9. OTHER EXPENSES AND SERVICES (See #18)

10. TOTAL COMPENSATION AND EXPENSES INCURRED  
THIS MONTH

\$ 300.00

\$

\$ 300.00

\$

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

11. EMPLOYERS'  
NAMES

No. 1 (B) THE ARC OF WASHINGTON STATE

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

DEVELOPMENTAL  
DISABILITIES ISSUESTHE ARC OF  
WASHINGTON  
STATE☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 100% State Agencies 0%.

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

DATE

10-9-16

CONTINUE ON REVERSE

2016  
(Year)

- ☐
- Continued on attached page.