

L2
1/15

PDC OFFICE USE

DATE FILED PDC

DEC 28 2017

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

1. Lobbyist Name ISABEL DICKENS

Mailing Address 3306 E. JOHN ST

City SEALED State WA Zip + 4 98112

2. This report is for the period 2017 (Month) June (Year) This report corrects or amends the report for June (Month) 2017 (Year)

New Address? ☐ Yes ☒ No

Business Telephone 206-1851-6385

ALL COMPLETE THIS PART

COMPLETE IF YOU HAVE MORE THAN ONE 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	Amount attributed to each employer		
			Employer No. <u>1</u> Column B	Employer No. <u> </u> Column C	Employer No. <u> </u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ <u>75-</u>		\$ <u>75-</u>	\$	\$
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 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>75-</u>	\$	\$ <u>75-</u>	\$	\$

11. EMPLOYERS' NAMES

No. 1 (B) ASSOCIATION OF MANUFACTURED HOME OWNERS (AMHO)

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. H3 1884

Legislative Committee or State Agency Considering Matter comm Develop Hsp Tribal Affairs

Employer Represented AMHO

☐ Continued on attached pages

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

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends: 12/31/2017 Employer's name: ASSOCIATION OF MANUFACTURED HOME OWNERS

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.

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

CERTIFICATION

LOBBYIST SIGNATURE

Isabel Dickens

DATE

12/27/17

CONTINUE ON REVERSE