

L2

PATE FILED PDC

PDC OFFICE USE

## 01. YMP1A WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828 Lobbvist Monthly Expense Rep

Lobbyist Monthly Expense Report (as required by Chapter 397, 1995 Session Laws)					FEB 06 2018	
1. Lobbyist Name	ever				•	
Mailing Address  P.O. Box 124	19					
OLYMADIO	State WA	985DZ	)	New Address?	☐ Yes ☐ !	
2. This report is	This report correct		2017	Business Telepi	hone	
for the period (Month) (Year)	amends the report	for December (Month)	<u>2017</u> (Year)	( )	-	
				OU HAVE MORE TH	AN ONE EMPLOYE	
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	
<ol> <li>COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)</li> </ol>	\$	October 1	S	\$	\$	
PERSONAL EXPENSES for travel, food and refreshments		\$				
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)				<b>4</b>		
<ol> <li>CONTRIBUTIONS to elected officials, candidates and political committees (See #16)</li> </ol>						
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE		, · · ,	<u>,,, , , , , , , , , , , , , , , , , , </u>			
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	\$	\$	\$	\$	\$	
11. EMPLOYERS' NAMES No (B) No (C) No (D)  12. Subject matter of proposed legislation or other legislative act Subject Matter, Issue or Bill No. Legis			osing.	nore than three employ	e ense ence	
Continued on attached pages			`			
13. Of the time spent lobbying, what percentage was devoted to			State Agencies	%.		
14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU V  Date registration ends:    Understand that an L-2 report is required for any month or p file a new registration prior to lobbying for that employer in the	yer's name: VCC-	tice Flexit Flywest Mav maneristered lobbyist. Lais	ine Tech	ce I have terminated m	v registration. I mus	
certify that this report is true and complete to the best of my know		IFICATION BBYIST SIGNATURE			DATE	
			· · · · · · · · · · · · · · · · · · ·	CONTINUE O	N NEXT PAGE	

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Lobbyist Nar	me	Reporting Period (Month)	(Year)	
Show to Enter Trave Envol	all of the following expenditures that were incurred by lobbyist or lobe actual amount incurred for each individual or the amount fatainment expenditures exceeding \$25 per occasion (including lobe lobe). In connection with a speech, incent and course fees in connection with a seminar or educational is must provide an elected official with a copy of the L-2 or Memo Fiss or her family member(s); or 2) providing travel, lodging, subsiste	inty attributed to each. yist's expense) for meals, beverages, tickets, p presentation, appearance, trade mission, semi program. Report if the lobbyist reports: -1) spending on o	asses, or for other forms of entertainar or educational program.	inment.
. Date	Names of all Persons Entertained or Provided Travel, etc.	Description, Place, etc.	Sponsoring Employer	Amount
		,		\$
		·		·
				, -
	, , , , , , , , , , , , , , , , , , , ,	,	,	
N/A	Total expenses itemized on attached Memo Reports	1		<b>&gt;</b> '
	ad on attached pages.			
state ca or state	netary or in-kind contribution exceeding \$25 was given or transmitte andidates or elected officials; local and state officers or employees; ballot proposition. If a contribution exceeding \$25 was given to the g campaign.	holitical committees supporting or corrector at	w cardidate, elected official, officia	OL CHIMORES OF SIA Inchi
Date	Name of Individual or Committee Receiving Contribution	Source of Con	tribution	Amount
			<i>:</i> .	
N/A If contri on C-4	Total contributions itemized on attached Memo Reports ibutions were made directly by a political action committee associal report need not be again included in this L-2 report.)	ted, affiliated or sponsored by your employer, s	inow name of the PAC below. (Info	ormation reported by PAC
- Continu	ed on ettached pages. PAC Name:			of the activities that
directly	litures for: a) political advertising supporting or opposing a state or or indirectly are lobbying-related must be itemized by amount, ven ed page that also shows lobbyist name and report date. Put the age	dor or person receiving payment, and a brief d	escription of the activity. Itemize e	ach expenditure on an
18 Payme	nts by the lobbyist for other lobbying expenses and services, includ- nce in lobbying and payments for grass roots lobbying campaigns (	ling payments to subcontract lobbyists, expert	witnesses and others retained to pr	ovide lobbying services or
Date	Recipient's Name and Address	Employer for Whom Exp		Amount
Date	Tooperas ranto and rantos			s
П с		1	• •	
Continue	ed on attached page.	•		

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