



## 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

1/15

PDC OFFICE USE

DATE FILED PDC

NOV 08 2016

## Lobbyist Monthly Expense Report

(as required by Chapter 397, 1995 Session Laws)

1. Lobbyist Name

JAMES FRANCESCONI

Mailing Address

MODA HEALTH, 601 SW SECOND AVENUE

City

State

Zip + 4

PORTLAND, OREGON 97204-3156

New Address? ☐ Yes ☐ No

2. This report is

for the period

OCT.  
(Month)2016  
(Year)This report corrects or  
amends the report for

(Month)

(Year)

Business Telephone

( ) -

## ALL COMPLETE THIS PART

Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the  
lobbyist incurred during the reporting period

## COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER

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)	\$ 0.00		\$	\$	\$
4. PERSONAL EXPENSES for travel, food and refreshments	0.00	\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)	0.00				
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	0.00				
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE	0.00				
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)	0.00				
9. OTHER EXPENSES AND SERVICES (See #18)	0.00				
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ 0.00	\$	\$	\$	\$

(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

MODA HEALTH

☐ 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

DATE  
Nov. 8, 2016

CONTINUE ON REVERSE