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PDC OFFICE USE

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MAR 18 2019

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

Lobbyist Name Ross C. Baker Mailing Address MAILSTOP: D1-PR P.O. Box 900: City State Zip + 4 98111 Seattle WA New Address? ☐ Yes X No This report is This report corrects or **Business Telephone** 9 (Sep) 2018 for the period amends the report for prefer (206) 399-4481 (Month) (Year) (Month) (Year) (cell) 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 Amount attributed to each employer incurred during the reporting period **TOTAL AMOUNT** Amounts paid from THIS MONTH lobbyist's own funds. Employer Employer No. 2 All employers plus not reimbursed or No. 1 No. own expense attributed to an (Columns a + b + c employer. **Expense Category** Column C + d and attached Column B Column D Column A pages) COMPENSATION earned from employer for lobbying this period (salary, wages, retainer) 5.300.00 5.300.00\$ PERSONAL EXPENSES for travel, food and refreshments \$ ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15) CONTRIBUTIONS to elected officials, candidates and political committees (See #16) None None ADVERTISING, PRINTING, INFORMATIONAL LITERATURE POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17) 9. OTHER EXPENSES AND SERVICES (See #18) 10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH None<sup>®</sup> 5,300.00 5,300.00 11. EMPLOYERS' No. 1 (B) Virginia Mason Medical Center NAMES No. \_\_\_ (C) 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** Health care, hospital, health Governor's Office Executive branch staff, Dept of Health Virginia Mason Medical Center clinic issues, health care reform, House & Senate health care & finance committees members & health insurance and medical research staff; Office of the Insurance Commissioner 13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 0% 14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

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.

Date registration ends:

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Employer's name:

LOBBYIST SIGNATURE

DATE 3/15/2019

DATE FILED PDC

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