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NOV 16 2016

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: Zip + 4 State City New Address? ☐ Yes X No WA 98111 Seattle **Business Telephone** This report corrects or This report is 10 (Oct) 2016 amends the report for prefer (206) 399-4481 for the period (Year) (Year) (Month) (Month) (cell) (206) 550-1094 (other phone) COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER **ALL COMPLETE THIS PART** 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 Employer lobbyist's own funds, Employer THIS MONTH No. 2 not reimbursed or All employers plus No. 1 No. _ attributed to an own expense (Columns a + b + c employer. Column C **Expense Category** + d and attached Column D Column B Column A pages) COMPENSATION earned from employer for lobbying this 5,200.00\$ period (salary, wages, retainer) 5,200.00 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) 130.00130.00 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 130.00\$ 5.200.00 THIS MONTH 5,330.00 \$ \$ (Attach additional page(s) if you lobby for more than three employers.) 11. EMPLOYERS No. 1 (B) Virginia Mason Medical Center NAMES No. ___ (C) __ (D) 12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing. **Employer Represented** Legislative Committee or State Agency Considering Matter Subject Matter, Issue or Bill No. 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 the Legislature 50% State Agencies 50%. 13. Of the time spent lobbying, what percentage was devoted to lobbying:

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

Date registration ends: Employer's name.

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.

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

Ross Baher

LOBBYIST SIGNATURE

DATE 11/15/2016

| | Pa | | Page 2 | age 2 of 2 | |
|---|--|--|---|-------------------------|--|
| Lobbyist Name | Reporting | 10 (Oct) 20 | D16 | | |
| Ross C. Baker | Period | | ear) | | |
| 15. Itemize all of the following expenditures that were incurred by lobbyist or lot Show the actual amount incurred for each individual or the amount fai Entertainment expenditures exceeding \$25 per occasion (including lobby • Travel, lodging and subsistence expenses in connection with a speech, per Enrollment and course fees in connection with a seminar or educational Lobbyists must provide an elected official with a copy of the L-2 or Memo R and/or his or her family member(s); or 2) providing travel, lodging, subsister | irly attributed to each. rist's expense) for meals, beverages presentation, appearance, trade mis program. leport if the lobbyist reports: 1) sper | s, tickets, passes, or for o sion, seminar or education | other forms of entertai onal program. ver \$50 for food or be | nment. | |
| Date Names of all Persons Entertained or Provided Travel, etc. | Description, Place, etc. | Spons | soring Employer | Amount \$ | |
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| | | | | | |
| | | | | | |
| N/A Total expenses itemized on attached Memo Reports | | <u> </u> | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | - | |
| ☐ Continued on attached pages. | | | | | |
| 16. If a monetary or in-kind contribution exceeding \$25 was given or transmitted state candidates or elected officials; local and state officers or employees; por state ballot proposition. If a contribution exceeding \$25 was given to the lobbying campaign. | political committees supporting or or | oposing any candidate, e | lected official, officer | or employee or any loca | |
| Date Name of Individual or Committee Receiving Contribution | Source | of Contribution | | Amount | |
| 10/6/16 Jay Inslee, Governor 10/17/16 Jessyn Farrell, 46TH District House of Rep. | Self; personal funds Self; personal funds | | | 100.00 30.00 | |
| | | | | | |
| N/A Total contributions itemized on attached Memo Reports | | | | → ' | |
| If contributions were made directly by a political action committee associate on C-4 report need not be again included in this L-2 report.) | ed, affiliated or sponsored by your er | nployer, show name of th | ne PAC below. (Inform | mation reported by PAC | |

☐ Continued on attached pages.

| 17. | Expenditures for. a) political advertising supporting or opposing a state or local candidate or ballot measure; or b) public relations, telemarketing, polling or similar activities that |
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| | directly or indirectly are lobbying-related must be itemized by amount, vendor or person receiving payment, and a brief description of the activity. Itemize each expenditure on an |
| | attached page that also shows lobbyist name and report date. Put the aggregate total of these expenditures on line 8. |
| 18. | Payments by the lobbyist for other lobbying expenses and services, including payments to subcontract lobbyists, expert witnesses and others retained to provide lobbying services. |

PAC Name: _

assistance in lobbying and payments for grass roots lobbying campaigns (except advertising/printing costs listed in Item 7).

Recipient's Name and Address Employer for Whom Expense was Incurred Date Amount \$