OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828 L2

PDC OFFICE USE

Lobbyist Monthly Expense Report

DATE FILED PDC

(as required by Chapter 397, 1995 Session Laws)			AUG 1	AUG 152017		
1. Laura Lippold						
Mailing Address 4030 NE 88 Th	St.	٠				
City Scattle WA 98115			New Address?	☐ Yes 🕏 No		
2. This report is	This report correct			Business Telepho	Business Telephone	
for the period (Month) (Year)				(Za) 718-5853		
				J HAVE MORE THAN	ONE EMPLOYER	
Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period			Amount	Amount attributed to each employer		
10003,10011100111001110	TOTAL AMOUNT	Amounts paid from	_			
and the second section of the	All employers plus	lobbyist's own funds, a not reimbursed or	No	Employer No	No	
Evnanca Catagoni	own expense (Columns a + b + c	attributed to an employer.				
Expense Category	+ d and attached	' '	Column B	Column C	Column D	
3. COMPENSATION earned from employer for lobbying this	pages)	Column A			 	
period (salary, wages, retainer)	\$		\$ 4	\$	\$	
4. PERSONAL EXPENSES for travel, food and refreshments	0	\$	8			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)	0		0			
CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	#36	# 36.00				
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE			0			
POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)	8		8			
9. OTHER EXPENSES AND SERVICES (See #18)	8	,	8		,	
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ 36.00	\$ 36.00	\$ 8	\$	\$	
(Attach additional page(s) if you lobby for more than three employers.)						
11. EMPLOYERS' No. X (B) WA Che	arter Amer	Iran Arada	my of P	ad 4.3	_	
No (C)	np = 0.5 (11-05)	car / coa	may or 12	2 Chatrics	>	
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						
See attached						
□ Continued on attached pages						
13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature						
14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)						
Date registration ends: 7/30/17 Employer's name: WA Chapter American Academy of Pediatics 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.						
ine a new registration prior to tobbying for that employer in	uie iuture. Ali registration	is terminate automatically or	i uie secona Monaay in .	January of each odd no	minered year.	
CERTIFICATION /						

	Citili Ioniioii /		
I certify that this report is true and complete to the best of my knowledge.	LOBBYIST SIGNATURE	c = c = c	DATE
	Jama	Sypold	8-14-17
		CONTINU	E ON REVERSE

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Lobbyist Name		Reporting Period (Month) (Year)			
families. In entertainin Entertain Receptio Travel. Ic Enrollme Lobbyists m	of the following expenditures that were incurred by lobbyist or lot the total amount column, show the total amount spent for ing each individual, as shown in the example. Ment expenditures exceeding \$50 per occasion (including lobby ins. See WAC 390-20-020A, L-2 Reporting Guide, to determine adding and subsistence expenses in connection with a speech, int and course fees in connection with a seminar or educational trust provide an elected official with a copy of the L-2 or Memo For her family member(s); or 2) providing travel, lodging, subsistence.	r each occasion including any staging cos yist's expense) for meals, beverages, tickets, of per person cost is required. presentation, appearance, trade mission, ser program. Report if the lobbyist reports: 1) spending on	passes, or for other forms of entertain minar or educational program.	e actual amount spent nment. verages for the official	
Date mm/dd/year	Names of all Persons Entertained or Provided Travel, etc. Include actual amounts spent for entertainment Example: Sen Bow (\$32), Rep Arrow (\$28), and J. D. Lobbyist (\$36) tax & gratuity (\$25.41)	Description, Place, etc. Dinner at Anthony's, Olympia	Sponsoring Employer XYZ Corporation	Total Amount \$121.41	
				-	
		The second s		The second secon	
N/A	Total expenses itemized on attached Memo Reports	<u> </u>	· · · · · · · · · · · · · · · · · · ·	•'	
	attached pages.			,	
state candid local or state	ry or in-kind contribution exceeding \$25 was given or transmitte dates or elected officials; local and state officers or employees; te ballot proposition. If a contribution exceeding \$25 was given ing campaign.	political committees supporting or opposing	any candidate, elected official, officer	or employee or any	
Date	Name of Individual or Committee Receiving Contribution	Source of Con	tribution	- Amount	
25/17	People for Kate Burke	Self		\$ 36.00	
				-	
		,			
N/A	Total contributions itemized on attached Memo Reports				
If contribution	ons were made directly by a political action committee associated traced not be again included in this L-2 report.)	ted, affiliated or sponsored by your employer,	show name of the PAC below. (Infor	mation reported by PAC	
☐ Continued on	attached pages. PAC Name:				
directly or in	es for: a) political advertising supporting or opposing a state or ndirectly are lobbying-related must be Itemized by amount, venous that also shows lobbyist name and report date. Put the agg	dor or person receiving payment, and a brief of			
	by the lobbyist for other lobbying expenses and services, includice in lobbying and payments for grass roots lobbying campaign			ide lobbying services	
Date	Recipient's Name and Address	Employer for Whom Exp	ense was incurred	Amount	
				\$	
	_			,-	
	•				
☐ Continued or	attached page.	1		l	

WA Chapter AAP	AP Committee or Agency	
Issues	**************************************	
21.11		
Children's Health	DSHS, HCA DOH, House and Senate fiscal Committees,	
01:11 1 3.6 . 111 11	OFM	
Children's Mental Health	DSHS, HCA, Human Services Committees, Fiscal	
Medical Homes	Committees, ELHS Committee	
Medical Flomes	DOH, HCA, DSHS, OFM	
Budget	OFM, DSHS, HCA, Ways and Means, Appropriations	
Revenue	OFM, Ways and Means, Appropriations, Finance	
Payment Reform	HCA, OFM	
Healthiest Next Generation	OFM, Health Committees	
Child Access Prevention/Firearm safety	Judiciary Committee	
Early Learning/Home Visiting	DEL, DSHS, Early Learning/Human Services, Early Learning/K-12	
Medicaid Rate	OFM, Appropriations, Ways and Means, HCA	