DATE

09/04/2017

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

L2

1/02

DATE FILED PDC

SEP 05 2017

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

. Lobbyist Name

1. Lobbyist Name						
Michael Groesch						
Mailing Address						
120 State Ave NE #294						
City	State	Zip + 4		New Address?	☐ Yes x No	
Olympia	WA	98501				
2. This report is	This report corrects			Business Telephone		
for the period (Month) 08 (Year) 2017	amends the report ((Year)		360 280-718	7	
		(Teal)	COMPLETE IF YOU	HAVE MORE THAN	ONE EMPLOYER	
The state of the label of the l						
incurred during the repo	rting period		Amount a	ttributed to each em	ployer	
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbylst's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>1</u> Column B	Employer No. <u>2</u> Column C	Employer No. 3	
COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ 15,000.00	and the second of the second o	\$ 1,500.00\$	1,500.00	3,500.00	
PERSONAL EXPENSES for travel, food and refreshments		\$				
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)	\$	\$				
CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$	\$				
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE						
POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)						
9. OTHER EXPENSES AND SERVICES (See #18)	0					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ 15,000.00	\$	\$ 1,500.00\$	1,500.00	3,500.00	
	(Attach additional page(s) if you lobby for more than three employers.)					
11. EMPLOYERS' No. 1 (B) Washington F	n Roundtable					
	WA Historical So	cietv				
No. 3 (D) The Eastern WA Historical Society 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						
	nsportation nsportation get			WA Roundta Microsoft The EWSHS	ible	
13. Of the time spent lobbying, what percentage was devoted to	o lobbying: the Leg	gislature <u>100</u> %	State Agencies	_%.		
14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU						
Date registration ends: 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

LOBBYIST SIGNATURE

_ 711 CAPITOL WAY RM 206 PO BOX 40908 **OLYMPIA WA 98504-0908**

(360) 753-1111 TOLL FREE 1-877-601-2828

Lobbvist Monthly Expense Report

(as required by Ch	apter 397, 1995 Sessio	n Laws)			
1. Lobbyist Name				7	
Michael Groesch					
Mailing Address					
120 State Ave NE #294				<u> </u>	
City	State	Zip + 4	!	New Address?	☐ Yes x No
Olympia	WA This report correct	98501		Business Telephor	
2. This report is for the period	amends the report			360 -280 7	
(Month) 08 (Year) 2017	(Moi	nth) (Year)		1	· · · · · · · · · · · · · · · · · · ·
ALL COMPLETE TH		-	COMPLETE IF YOU	HAVE MORE THAN	ONE EMPLOYER
include all reportable expenditures by lobbylst and lobby incurred during the reportable and lobbylst.	rist's employer for or o orting period	n behalf of the lobbyist	Amount a	attributed to each en	nployer
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer.	Employer No. <u>4</u>	Employer No. <u>5</u>	Employer No. <u>6</u>
	+ d and attached pages)	Column A	Column B	Column C	Column D
COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$: : : : : : : : : : : : : : : : : : : :	\$ 1,500.00\$	2,000.00	\$ 2,000.00
PERSONAL EXPENSES for travel, food and refreshments		\$			· ·
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
CONTRIBUTIONS to elected officials, candidates and political committees (See #16)					
7. 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	\$	\$	\$ 1,500.00\$	2,000.00	\$ 2,000.00
		(Attach additional pa	age(s) if you lobby for mo	re than three employe	rs.)
11. EMPLOYERS' No. 4 (B) Explore Infor			,		
N₀. <u>5</u> (c) Washington [•]	Trust for Historic	Preservation		-	
No. 6 (D) K&L Gates 12. Subject matter of proposed legislation or other legislative as Subject Matter, Issue or Bill No. Legis		obbyist was supporting or o		Employer Repre	sented
•	nsportation udget		Explore Information Services WA Trust for Historic Preservation		
6 Education B X Continued on attached pages	udget		K&L	Gates/PS Schl	Coal
14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU	WISH TO TERMINATE	YOUR REGISTRATION)			
Date registration ends: Empl	oyer's name:				
I understand that an L-2 report is required for any month or file a new registration prior to lobbying for that employer in t	portion thereof in which the future. All registration	I am a registered lobbyist. Insterminate automatically o	also understand that one notes that the second Monday in .	ce I have terminated m January of each odd n	ny registration, I must numbered year.
		TIFICATION			
I certify that this report is true and complete to the best of my kn	owledge.	OBBYIST SIGNATURE	11/		DATE
	·	Thurk	ym		09/04/2017

DATE

09/04/2017



711 CAPITOL WAY RM 206 PO BOX 40908 **OLYMPIA WA 98504-0908** (360) 753-1111 TOLL FREE 1-877-601-2828

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

DISCLOSURE

1/02

Lobbyist Monthly Expense Report

	(as required by Ch	apter 397, 1995 Sessioi	n Laws)			
1.	Lobbyist Name				1	
	Michael Groesch					
	Mailing Address					
	120 State Ave NE #294					
-	City	State	Zip + 4		New Address?	☐ Yes x No
	Olympia	WA 98501				
2.	This report is for the period	This report corrects amends the report			Business Telephor	
	(Month) 08 (Year) 2017	(Month) (Year)	101		360 -280 7°	107
	ALL COMPLETE TH			COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER		
ı	nclude all reportable expenditures by lobbyist and lobby incurred during the rep	rist's employer for or or	n behalf of the lobbyist	ist Amount attributed to each employer		
	incurred during the repo	TOTAL AMOUNT Amounts paid from				
		THIS MONTH	lobbyist's own funds, not reimbursed or	Employer	Employer	Employer
		All employers plus own expense	attributed to an	No. <u>7</u>	No. <u>8</u>	No. <u>9</u>
	Expense Category	(Columns a + b + c + d and attached	employer.			0-1
		pages)	Column A	Column B	Column C	Column D
3.	COMPENSATION earned from employer for lobbying				_	
	this period (salary, wages, retainer)	\$		\$ 3,000.00	<u> </u>	\$
4.	PERSONAL EXPENSES for travel, food and refreshments					
			\$			
5.	ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6.	CONTRIBUTIONS to elected officials, candidates and political committees (See #16)					
7.	ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8.	POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9.	OTHER EXPENSES AND SERVICES (See #18)					
-40	. TOTAL COMPENSATION AND EXPENSES INCURRED					
10	THIS MONTH	•	 \$	s 3,000.00s	6 0	\$
		\$		age(s) if you lobby for mo		ers)
	THE OVERS!		•	age(s) ii you looby tol me	ne than ance employe	
11	No. 7 (B) Sound View	Strategies for City	of Medina			
	No. <u>8</u> (c) Parametrix				=	
	_ ` ` `		r			
12	No. 9 (D) 2. Subject matter of proposed legislation or other legislative a	ctivity or rulemaking the I	obbvist was supporting or o	pposing.		
			ate Agency Considering N		Employer Repre	esented
		nsportation			d View Strategies	/Medina
	8 Transportation Tra	Transportation Paran			netrix	
	9					
	X Continued on attached pages					
4/	. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU	WISH TO TERMINATE	YOUR REGISTRATION)			
'	•	oyer's name:				
1	I understand that an L-2 report is required for any month or	nortion thereof in which	I am a registered lobbyist I	also understand that one	ce I have terminated n	nv registration. I mus
	file a new registration prior to lobbying for that employer in	the future. All registration	ns terminate automatically o	n the second Monday in	January of each odd	numbered year.

CERTIFICATION

LOBBYIST SIGNATURE