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Lobbyist Monthly Expense Report

(as required by Chapter 397, 1995 Session Laws) PUBLIC DISCLOSURE COMMISSION Lobbyist Name THOMPSON Zip + 4 State New Address? Yes R No 8507-0029 Business Telephone This report corrects or This report is (360)943-9960 for the period amends the report for Month) (Year) COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER ALL COMPLETE THIS PART include all reportable expenditures by lobbylst and lobbylst's employer for or on behalf of the Amount attributed to each employer lobbylat incurred during the reporting period TOTAL AMOUNT Amounts paid from THIS MONTH lobbyist's own funds, Employer Employer Employer All employers plus not reimbursed or No. __ No. No. __ own expense attributed to an (Columns a + b + c employer. **Expense Category** + d and attached Column B Column Column D pages) Column A COMPENSATION earned from employer for lobbying this \$6000000 400000 period (salary, wages, retainer) PERSONAL EXPENSES for travel, food and refreshments 83 ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15) CONTRIBUTIONS to elected officials, candidates and political committees (See #16) $\boldsymbol{\mathcal{O}}$ ADVERTISING, PRINTING, INFORMATIONAL 0 LITERATURE 0 POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17) OTHER EXPENSES AND SERVICES (See #18) 10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH (Attach additional page(s) if you lobby for more than three employers.) Allied Daily Newspapers of Leasington The Chalifornial Wing Tustifute 11. EMPLOYERS NAMES 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** All committees. All Agencies Lains Institute LIQUER AND CAMABIS BOARD LEGISLATION COMMITTEES the Legislature 75 % 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:

CERTIFICATION				
I certify that this report is true and complete to the best of my knowledge.	LOBBYIST SIGNATURE	DATE		
	allh	1609,2018		
· · ·		CONTINUE ON REVERSE		

I understand that an L-2 report is required for any month or portion thereof in which I am a registered lobbylst. 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.

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Lobbyist Name	9		Reporting		
			Perlod (Month) (Year)		
15. Itemize all of the following expenditures that were incurred by lobbyist or lobbyist employer(s) for legislators, state officials, state employees and members of their immediate families. In the total amount column, show the total amount spent for each occasion including any staging costs, tax, and gratuity. Also show the actual amount spent entertaining each individual, as shown in the example. • Entertainment expenditures exceeding \$50 per occasion (including lobbyist's expense) for meals, beverages, tickets, passes, or for other forms of entertainment. • Receptions. See WAC 390-20-020A, L-2 Reporting Guide, to determine if per person cost is required. • Travel, lodging and subsistence expenses in connection with a speech, presentation, appearance, trade mission, seminar or educational program. • Enrollment and course fees in connection with a seminar or educational program. Lobbyists must provide an elected official with a copy of the L-2 or Memo Report if the lobbyist reports: 1) spending on one occasion over \$50 for food or beverages for the official and/or his or her family member(s); or 2) providing travel, lodging, subsistence expenses or enrollment or course fees for the official and, if permitted, the official's family.					
Date mm/dd/year	Include	Persons Entertained or Provided Travel, actual amounts spent for entertainment low (532), Rep Arrow (528), and J. D. Lobbyist (5		Total Amount \$121.41	
• •	tax &	gratuity (\$25.41)		\$	
		Now over			
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, N/A	Total expense	s itemized on attached Memo Reports		,	
	l on attached pages				
16. If a monetary or in-kind contribution exceeding \$25 was given or transmitted by the lobbyist to any of the following, itemize the contribution below or on a Memo Report: local and state candidates or elected officials; local and state officers or employees; political committees supporting or opposing any candidate, elected official, officer or employee or any local or state ballot proposition. If a contribution exceeding \$25 was given to the following, itemize the contribution below: a caucus political committee; a political party; or a grass roots lobbying campaign.					
Date	Name of In	dividual or Committee Receiving Contribut	ion Source of Contribution	Amount	
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N/A	Total contribu	tions itemized on attached Memo Reports			
If contributions were made directly by a political action committee associated, affiliated or sponsored by your employer, show name of the PAC below. (Information reported by PAC on C-4 report need not be again included in this L-2 report.)					
Continued	on attached page	PAC Name:		nline activities that	
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 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. Payment	s by the lobbyis	for other lobbying expenses and services, and payments for grass roots lobbying ca	including payments to subcontract lobbylsts, expert witnesses and others retained to provide impaigns (except advertising/printing costs listed in Item 7).	te loonAiriñ seraices	
Date	1	Recipient's Name and Address	Employer for Whom Expense was Incurred	Amount	
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Amended October