

PUBLIC DISCLOSURE COMMISSION
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TOLL FREE 1-877-601-2828

OCT 20 2016

L2
12/14

Ammended

DATE FILED PDC

OCT 11 2016

Lobbyist Monthly Expense Report

(as required by Chapter 397, 1995 Session Laws)

Lobbyist Name: Washington Restaurant Association

Mailing Address: 510 Plum St SE, Ste 200

City: Olympia State: WA Zip + 4: 98501 New Address? Yes No

This report is for the period 09 2016 This report corrects or amends the report for
(Month) (Year) (Month) (Year)

Business Telephone: (360) 956-7279

ALL COMPLETE THIS PART

COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER

Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Amount attributed to each employer		
			Employer No. <u>1</u> Column B	Employer No. <u> </u> Column C	Employer No. <u> </u> Column D
COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ 6170.53		\$ 6170.53	\$	\$
PERSONAL EXPENSES for travel, food and refreshments		\$			
ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS or state officials, employees, their families (See #15)					
CONTRIBUTIONS to elected officials, candidates and political committees (See #16)					
ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
OTHER EXPENSES AND SERVICES (See #18)					
TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	<u>6170.53</u>	\$	<u>\$ 6170.53</u>	\$	\$

(Attach additional page(s) if you lobby for more than three employers.)

EMPLOYERS' NAMES: No. 1 (B) Washington Lodging Association

No. (C)

No. (D)

Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.
Subject Matter, Issue or Bill No. Tourism Taxes Legislative Committee or State Agency Considering Matter State and Local Employer Represented WA Lodging Assoc.

Continued on attached pages

If the time spent lobbying, what percentage was devoted to lobbying: the Legislature 80% State Agencies 20%.

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

State 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.

CERTIFICATION

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

LOBBYIST SIGNATURE: Kylie Kincaid DATE: 10/10/16

CONTINUE ON REVERSE

Lobbyist Name

Reporting Period (Month) (Year)

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. When reporting a reception or similar event, show the amount fairly attributed to each individual.
• Entertainment expenditures exceeding \$50 per occasion (including lobbyist's expense) for meals, beverages, tickets, passes, or for other forms of entertainment.
• 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.

Table with 5 columns: Date, Names of all Persons Entertained or Provided Travel, etc., Description, Place, etc., Sponsoring Employer, Total Amount. Includes example entry for dinner at Anthony's, Olympia, XYZ Corporation, \$121.41.

Continued on attached pages

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.

Table with 4 columns: Date, Name of Individual or Committee Receiving Contribution, Source of Contribution, Amount.

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 pages. PAC Name:

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.

Payments by the lobbyist for other lobbying expenses and services, including payments to subcontract lobbyists, expert witnesses and others retained to provide lobbying services or assistance in lobbying and payments for grass roots lobbying campaigns (except advertising/printing costs listed in item 7).

Table with 4 columns: Date, Recipient's Name and Address, Employer for Whom Expense was Incurred, Amount.

Continued on attached pages.

FORMATION CONTINUED

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(Use this page if you need additional space for Items 12, 15 or 16)

Representative Name _____ Reporting Period _____ (Month) _____ (Year)

Subject Matter, Issue or Bill No.	Legislative Committee or State Agency Considering Matter	Employer Represented

Date	Names of all Persons Entertained or Provided Travel, etc.	Description, Place, etc.	Sponsoring Employer	Amount
				\$

Date	Name of Individual or Committee Receiving Contribution	Source of Contribution	Amount
			\$

FORMATION CONTINUED

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(Use this page if you need additional space for Items 17 or 18)

Artist Name

Reporting Period _____
(Month) (Year)

Date	Names of Vendor or Person Receiving Payment	Description, Place, etc.	Sponsoring Employer	Amount \$

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