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# Lobbyist Monthly Expense Report

**L2** 1/15

(as required by chapter 397, 1995 Session Laws)

1. Lobbyist Name — Last: BUCKLEY — First: BETTY — Middle Initial:

Mailing Address: PO BOX 2473

City: Olympia — State: WA — Zip: 98507-2473 — New Address? ☐ Yes ☒ No

2. This report is for the following period: 06 (Month) 2016 (Year) — OR — This report corrects or amends the report for: 06 (Month) 2016 (Year) — Business Phone: 360-352-5453

**ALL COMPLETE THIS PART** — Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period

**COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER** — Amount attributed to each employer

| Expense Category | TOTAL AMOUNT THIS MONTH All employers plus own expenses (Columns a+b+c+d) | Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A | Employer #1 Identify by name below (11) Column B | Employer #2 Column C | Employer #3 Column D |
|---|---|---|---|---|---|
| 3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer) | 1200 | | 1200 | | |
| 4. PERSONAL EXPENSES for travel, food and refreshments | 158.12 | 158.12 | | | |
| 5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15) | | | | | |
| 6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16) | 1500 | | 1500 | | |
| 7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE | | | | | |
| 8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17) | | | | | |
| 9. OTHER EXPENSES AND SERVICES (See #18) | | | | | |
| 10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH | ~~1358.12~~ 2858.12 | 158.12 | ~~1200~~ 2700 | 0 | 0 |

11. EMPLOYERS' NAMES (from above)

No. 1 (Column B) WA INDEPENDENT TELEPHONE ASSN

No. 2 (Column C)

No. 3 (Column 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 |
|---|---|---|
| RURAL TELE | HET TED FISCAL DOR WUTC | WITA |

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

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

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 the registrations terminate automatically on the second Monday in January of each odd numbered year. 11/11/16

**CERTIFICATION**

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

Certified By: Betty Buckley

Date Filed: ~~07/11/2016~~

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**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 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, L2 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 L2 Memo Report if the lobbyist reports: 1) spending on one occasion over $50 for food 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<br>*mm/dd/yyyy* | Name of all Persons Entertained or Provided Travel, etc. Include actual amounts spent for entertainment<br>*Example: Sen Bow($32), Rep Arrow($28), and J D. Lobbyist($36) Tax & gratuity($25 41)* | Description, Place, etc.<br>*Dinner at Anthony's, Olympia* | Sponsoring Employer<br>*XYZ Corporation* | Total Amount<br>*$121.41* |
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**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 L2 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 Individual or Committee Receiving Contribution | Source of Contribution | Amount |
|---|---|---|---|
| 6-20-16 | Friends of Larry Springer | WITA PAC | 1000 |
| 6-20-16 | Citizens For Kevin Ranker | WITA PAC | 500 |
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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 included in this L-2 report.)

**Political Action Committee Name:**

**Political Action Committee Name:**

**Political Action Committee Name:**

**Political Action Committee Name:**

**Political Action Committee Name:**

**Political Action Committee Name:**

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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 below.

**The aggregate total of these expenditures will appear on line 8 on the first page of this report.**

| Date | Name of Vendor or Individual | Description of Activity | Amount |
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