

L2

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## **Lobbyist Monthly Expense Report**

(as required by Chapter 397, 1995 Session Laws)

DEC 3 0 2016

CONTINUE ON REVERSE

(as required by C	napter 397, 1995 Session	n Laws)	_				
1. Lobbyist Name	LIC DISCLOSUR	C DISCLOSURE COMMISSION					
Mailing Address	-						
400 Stewal	+ ST	#600					
City Seattle	State	Zip + 4 9 31 0 /	•	New Address?	☐ Yes 🗗 No		
2. This report is	This report corrects or			Business Telephone			
for the period (Month) (Year)	amends the report	for <u>BC fobel</u> (Month)	2014 (Year) 414 423 4494				
ALL COMPLETE THIS PART			COMPLETE IF YOU 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			
	TOTAL AMOUNT THIS MONTH All employers plus	Amounts paid from lobbylst's own funds, not reimbursed or	Employer	Employer	Employer		
Expense Category	own expense (Columns a + b + c + d and attached	attributed to an employer.	Column B	No.	NU		
3. COMPENSATION earned from employer for lobbying this	pages)	Column A	Column B	Column C	Column D		
period (salary, wages, retainer)	\$1,55300		\$ 9	5	\$		
PERSONAL EXPENSES for travel, food and refreshments	.,,,,,,	\$					
<ol> <li>ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)</li> </ol>					,		
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	1050-	,					
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE	7000						
_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	\$ 2403-	\$	\$		\$		
			age(s) if you lobby for mor	e than three employer	Ψ		
11. EMPLOYERS'  NAMES  No (B)  (Attach additional page(s) if you lobby for more than three employers.)							
No (C) 4	n de pende	nt Colleges	- gWA				
No. (D)		•		. ·			
12. Subject matter of proposed legislation or other legislative ac Subject Matter, Issue or BIII No. Legis		للتعاشدين المراث الم					
Logis	days committee of Sta	te Agency Considering Ma	atter	Employer Repres	sented		
		•					
Continued on the late			•				
Continued on attached pages					•		
13: Of the time spent lobbying, what percentage was devoted to 14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU	lobbying: the Legi	slature%	State Agencies	%			
e di ce	oyer's name:	YOUR REGISTRATION)					
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.							
	CERT	IFICATION	-	•			
I certify that this report is true and complete to the best of my kno	wledge. LO	BBY197 SIGNATURE	7 /	[	DATE		
		Iom it	1	12-17	-14		

Lobbyist Nam	e 1			1
•	TOM fitz Simmons	Reporting <u>D</u> Period (Month	(Year)	
entertain  Enterta  Travel  Enrolln  Lobbyists	Il of the following expenditures that were incurred by lobbyist or lotal amount column, show the total amount spent for each occurred by lobbyist or lotal amount spent for each occurred by a column spending specific ment expenditures exceeding \$50 per occasion (including lobby lodging and subsistence expenses in connection with a speech, lent and course fees in connection with a seminar or educational must provide an elected official with a copy of the L-2 or Memo For her family member(s); or 2) providing travel, lodging, subsistents.	ng a reception or similar event, show the ar yist's expense) for meals, beverages, tickets, presentation, appearance, trade mission, sem program.	a graunty. Also show the actual ar nount fairly attributed to each Indi passes, or for other forms of entertal linar or educational program.	nount spent vidual. nment
Date mm/dd/year	Names of all Persons Entertained or Provided Travel, etc. Include actual amounts spent for entertainment Exemple: Sen Bow (\$32), Rep Arrow (\$28), and J. D. Lobbyist (\$36) lax & gratuity (\$25.41)	Description, Place, etc.  Dinner et Anthony's, Olympia	Sponsoring Employer  XYZ Corporation	Total Amount \$121.4
	· ·			
				,
N/A	Total expenses itemized on attached Memo Reports			
	on attached pages.	:		
16. If a monet state cand or state be lobbying c	ary or In-kind contribution exceeding \$25 was given or transmitte lidates or elected officials; local and state officers or employees; allot proposition. If a contribution exceeding \$25 was given to the ampaign.	d by the lobbyist to any of the following, itemiz political committees supporting or opposing are following, itemize the contribution below: a c	re the contribution below or on a Mer ny candidate, elected official, officer aucus political committee; a political	no Report: local and or employee or any local party; or a grass roots
Date	Name of Individual or Committee Receiving Contribution	Source of Con	tribution	Amount
10/10/10	Sen. John Brown Sen Reuver Carlyle			\$ 200 -
•	sen newer Carlyle		·	
	Sen Kevin Ranker		•	200
	Rep IT Wilcox	fire simme	on S	200-
	Rep DIEW HUNSON Rep Dan Kristiansen	Piles		150
	i i		•	160-
	Rep par Sullive  Total contributions itemized on attached Memo Reports			100
If contribut on C-4 rep	ions were made directly by a political action committee associate ort need not be again included in this L-2 report.)	d, affillated or sponsored by your employer, sh	now name of the PAC below. (Inform	nation reported by PAC
Continued o	n attached pages. PAC Name:			
attached p	es for: a) political advertising supporting or opposing a state or lo indirectly are lobbying-related must be itemized by amount, vendo age that also shows lobbyist name and report date. Put the aggr	enate fotal of these every different and a bilet de	scription of the activity. Itemize each	nexpenditure on an
18, 'Payments	by the lobbyist for other lobbying expenses and services, includin in lobbying and payments for grass roots lobbying campaigns (e.	-g-to total of alcoc experiences on line 6.		de lobbying services or
Date	Recipient's Name and Address	Employer for Whom Expe		Amount
				\$
	·			
-				
			-	
			•	