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

PDC OFFICE USE

DATE FILED PDC OCT 18 2016

## **Lobbyist Monthly Expense Report**

(as required by C	hapter 397, 1995 Sessio	n Laws)			
1. Lobbyist Name David Mich	RNET	Page 1			
Mailing Address	1419	. 0			
Olympia	State LDA	Zip+4 9850	ક	New Address?	☐ Yes ☐ No
2. This report is	This report correct	<del></del>		Business Teleph	one
for the period September 3016	amends the report		0/	8ED)790	23 6200
ALL COMPLETE TH	IIS PART	(Month)	(Year)	OU HAVE MORE THA	N ONE EMPLOYER
Include all reportable expenditures by labbulet and labbulet's employer for or on behalf of the			t attributed to each		
Expense Category	THIS MOUNT. — THIS MONTH All employers plus own expense (Columns a + b + c + d and attached	—Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer.	Employer No	Employer No. <b>2</b>	Employer No. <b>3</b>
	pages)	Column A	Column B	Column C	Column D
COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$40,850		\$ 5,500	\$ 5,850	\$10,000
PERSONAL EXPENSES for travel, food and refreshments		<b> </b>		· ·	
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	\$40,850	\$	\$5,500	\$5,850	\$10,000
(Attach additional page(s) if you lobby for more than three employers.)  11. EMPLOYERS' NAMES  No. 1 (B) Washington Beverage Assoc.  No. 2 (C)-waste-Manage-West  No. 3 (D) Peace Health					
<ol><li>Subject matter of proposed legislation or other legislative ac</li></ol>	ctivity or rulemaking the lo	obbylst was supporting or op ate Agency Considering M	oposing.	Employer Repr	esented . ,
Continued on attached pages	. John Janes - Abo J and		Sinta Annosia D	0/	
13. Of the time spent lobbying, what percentage was devoted to		gislature 70 %	State Agencies 2	<u></u> %.	<del> </del>
14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YO  Date registration ends: Emple	oyer's name:	IE TOUR REGISTRATIO	··)		
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					
· · · · · · · · · · · · · · · · · · ·	CERT	IFICATION			
Legrify that this report is true and complete to the best of my kn	owledge.	BBYIST SIGNATURE			DATE

Page A	4	L_C				
Lobbyist Nan	e	Reporting Period (Month) (Year)				
families. entertai • Entert: • Recep • Travel • Enrolli Lobbyist	Il of the following expenditures that were incurred by lobbyist or lot in the total amount column, show the total amount spent for ning each individual, as shown in the example. ainment expenditures exceeding \$50 per occasion (including lobbitions. See WAC 390-20-020A, L-2 Reporting Guide, to determine lodging and subsistence expenses in connection with a speech, ment and course fees in connection with a seminar or educational is must provide an elected official with a copy of the L-2 or Memo F is or her family member(s); or 2) providing travel, lodging, subsisters.	obbyist employer(s) for legislators, state officiar each occasion including any staging cosysts expense) for meals, beverages, tickets, a if per person cost is required.  presentation, appearance, trade mission, sen program.  Report if the lobbyist reports: 1) spending on.	als, state employees and members of its, tax, and gratuity. Also show the passes, or for other forms of entertain ninar or educational program.	ment.		
Date , mm/dd/year	Names of all Persons Entertained or Provided Travel, etc. Include actual amounts spent for entertainment Example: Sen Bow (\$32), Rep Arrow (\$28), and J. D. Lobbyist (\$36) tax & gratuity (\$25.41)	Description, Place, etc.  Dinner at Anthony's, Olympia	Sponsoring Employer  XYZ Corporation	Total Amount \$121.41		
· ·						
N/A	Total expenses itemized on attached Memo Reports					
	on attached pages.		<del> </del>			
state car local or s	stary or in-kind contribution exceeding \$25 was given or transmitted didates or elected officials; local and state officers or employees; tate ballot proposition. If a contribution exceeding \$25 was given bying campaign.	political committees supporting or opposing.	any candidate, elected official, officer,	or employee or any		
Date	Name of Individual or Committee Receiving Contribution	Source of Con	tribution	Amount		
				\$.		
N/A	Total contributions itemized on attached Memo Reports			•		
	I utions were made directly by a political action committee associal port need not be again included in this L-2 report.):	ted, affiliated or sponsored by your employer,	show name of the PAC below. (Inform	nation reported by PAC		
☐ Continued	on attached pages. PAC Name:		* **			
airectly c	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 or assist	s by the lobbyist for other lobbying expenses and services, includi ance in lobbying and payments for grass roots lobbying campaign	ng payments to subcontract lobbylsts, expert s (except advertising/printing costs listed in It	witnesses and others retained to provi em 7).	ide lobbying services		
Date	Recipient's Name and Address	Employer for Whom Exp	ense was incurred	Amount		
				\$		
☐ Continued	on attached page.	<u> </u>		1		



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**Lobbyist Monthly Expense Report** 

(as required by Chapter 397, 1995 Session Laws)						
	ichene	r Page	2			
Mailing Address						
City	State	Zip + 4		New Address?	☐ Yes ☐ No	
2. This report is	This report correct	ts or		Business Telepho	ne	
for the period Sept 2016	amends the report		Overal	( ) -		
(Month) (Year)  ALL COMPLETE TO	IIS PART	(Month)	(Year) COMPLETE IF YO	U HAVE MORE THAN	ONE EMPLOYER	
Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the			mplover			
lobbyist incurred during the	TOTAL AMOUNT	-Amounts paid from -				
Expense Category	THIS MONTH All employers plus own expense (Columns a + b + c	lobbylst's own funds, not reimbursed or attributed to an employer.	Employer No. <u>4</u>	Employer No. <u></u>	Employer No. <b></b>	
_xpoiled datagoty	+ d and attached pages)	Column A	Column B	Column C	Column D	
COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$	Goldmin	\$2,500	\$ 7,000	\$ 10,000	
4. PERSONAL EXPENSES for travel, food and refreshments				<del></del>		
		\$				
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)			i			
<ol> <li>CONTRIBUTIONS to elected officials, candidates and political committees (See #16)</li> </ol>						
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	\$	\$	තුණ	\$ 2000	\$ LD,DDD	
(Attach additional page(s) if you lobby for more than three employers.)  11. EMPLOYERS' NAMES  No. 4 (B) Post of Kalama  No.5 (C)-UW-Valley Medical Center  No. 6 (D) Washing ton Itea Itu Cave Assoc.  12. Subject matter of proposed legislation or other legislating artifying rulemaking the lobbyist was supporting or opposing						
No. 6 (D) Washi	ngton it	earth car	ne associ	• •		
12. Oubject matter of proposed registration of outer registration	cavity of resonating and ic	opbyst was supporting or of ate Agency Considering M	poomig.	Employer Repre	sented	
Continued on attached pages		··· 9/)		)		
13. Of the time spent lobbying, what percentage was devoted to		gislature%	State Agencies	%. 		
14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)						
Date registration ends: Empl	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 registrations terminate automatically on the second Monday in January of each odd numbered year.						
		IFICATION				

L2

Lobbyist Na	me		<del></del>	
	Sind official segretary	Reporting Period (Mont	(Year)	litui i senet
enterta  Ente  Rece  Traw  Enro  Lobbyis	all of the following expenditures that were incurred by lobbyist or loss. In the total amount column, show the total amount spent for in the total amount spent for initial each individual, as shown in the example.  Itainment expenditures exceeding \$50 per occasion (including lobby eptions. See WAC 390-20-020A, L-2 Reporting Guide, to determine by Italian and subsistence expenses in connection with a speech, illiment and course fees in connection with a seminar or educational sts must provide an elected official with a copy of the L-2 or Memo I his or her family member(s); or 2) providing travel, lodging, subsisting the content of the content o	r each occasion including any staging cos- yist's expense) for meals, beverages, tickets, a if per person cost is required. presentation, appearance, trade mission, sei program. Senont if the lobbyist reports: 1) spending on	sts, tax, and gratuity. Also show the passes, or for other forms of entertain minar or educational program.	ment.
Date mm/dd/year	Names of all Persons Entertained or Provided Travel, etc. Include actual amounts spent for entertainment Example: Sen Bow (\$32), Rep Arrow (\$28), and J. D. Lobbyist (\$36) tax & gratuity (\$25.41)	Description, Place, etc.  Dinner at Anthony's, Olympia	Sponsoring Employer  XYZ Corporation	Total . Amount \$121.41
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		W. S. Sasker		ر رسدر به قد ۱۰ سای⊏رخور
			, , , , , , , , , , , , , , , , , , , ,	Service Services
		-	•	
N/A	Total expenses itemized on attached Memo Reports		<del>.</del>	•
	ed on attached pages.	· · · · · · · · · · · · · · · · · · ·		
state ca local or	netary or in-kind contribution exceeding \$25 was given or transmitte andidates or elected officials; local and state officers or employees; state ballot proposition. If a contribution exceeding \$25 was given abbying campaign.	political committees supporting or opposing	any candidate elected official officers	or employed or any
Date	Name of Individual or Committee Receiving Contribution	Source of Cor	otribution	Amount
	n Spiller Factor .			\$ 12 12 1 2 5 V
	tulpaid to true		roman abril	\$ 77.74
	1111 1 3 2 5 1 cm 1-1		Caller a dafi 1 f	
	Simport and agree			
		· ;		
N/A	Total contributions itemized on attached Memo Reports	ļ		
If contri	  butions were made directly by a political action committee associat	ted, affiliated or sponsored by your employer.	show name of the PAC below. (Inform	nation reported by PAC
on C-4	م مند دمیه (report need not be again included in this L-2 report	1-6,000	Annual Company of the	-4
	ed on attached pages. PAC Name:		•	
airecuy	litures for: a) political advertising supporting or opposing a state or or indirectly are lobbying-related must be itemized by amount, vend page that also shows lobbyist name and report date. Put the agg	dor or person receiving navment, and a brief.	ic relations, telemarketing, polling or si description of the activity. Itemize each	milar activities that expenditure on an
18. Paymer	nts by the lobbyist for other lobbying expenses and services, includi stance in lobbying and payments for grass roots lobbying campaign	no payments to subcontract lobbyists, expert	witnesses and others retained to provi	de lobbying services
Date	Recipient's Name and Address	Employer for Whom Exp	pense was incurred	I Amount
				•
				\$
				'
	<u>.</u> †			

Client	Subject Matter	Legislative Committee/State Agency	
Peace Health	Health Care Insurance	Senate/House Health Care Department of Health Senate/House Ways & Means House Financial Inst, & Insurance	
Washington Beverage Association	Environmental Issues Tax Issues General Business	Senate/House Environmental Affairs Senate Ways & Means House/Senate Commerce & Labor House Capital Facilities House Finance	•
Waste Management Inc.	Environmental Issues Regulatory Issues	Senate/House Environmental Affairs Business Issues Senate/House Local Government Department of Ecology Senate/House Energy & Utilities Committee	
Valley Medical Center	Health Care Insurance	Senate/House Health Care Department of Health Senate/House Ways & Means House Financial Inst. & Insurance	
Port of Kalama	Transportation Economic Development	Trade & Economic Development Transportation Commerce & Labor	
Washington Health	Long-term Care	Senate/House Health Care Senate/House Ways & Means	