

DATE FILED PDC FEB 152017

February 15, 2017

Public Disclosure Commission 711 Capitol Way Rm. 206 Olympia, WA 98504

Re: Amendment to L2 Forms for January and July of 2017

Madam or Sir:

My name is Daniel Gross, and I am a registered lobbyist for Northwest Health Law Advocates (NoHLA). In reviewing my records for 2016, I found two entries (one for January and one for -July of 2016) that appear to reflect lobbying activity and that were not originally included in the compensation I reported in my L2 forms during 2016. Accordingly, attached please find amended L2 forms for me for January 2016 and July 2016 that reflect my compensation for the activity listed in these two entries added to the amounts I reported previously. I regret this inadvertent error and any inconvenience this may cause you. Please contact me at 206-325-6464 or daniel@nohla.org if you have any questions about this.

Very truly yours,

Daniel Gross

Senior Staff Attorney

Enc.

DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 OLYMPIA WA 98504-0908 (360) 753-1111

TOLL FREE 1-877-601-2828

Lobbyist Monthly Expense Report (as required by Chapter 397, 1995 Session Laws)

÷ 11/95

PDC OFFICE USE

DATE FILED PDC

1. Lo	obbyist Name		•		7 FEB 1:	5 2017	
	Daniel S. Gross	4				1	
М	lailing Address					F	
`	4759 15 th Ave. NE, Suite 305		, , , , , , , , , , , , , , , , , , , ,				
С	ity	State	Zip + 4	÷	New Address?	☐ Yes ☒ No	
2. TI	Seattle his report is	WA 98105 This report corrects or			Business Telephone		
	report to report contents of amends the report for July 2016			(206) 325 -6464			
	(Month) (Year)		(Month)	(Year)	<u> </u>	·	
	ALL COMPLETE THI	J HAVE MORE THAN	ONE EMPLOYER				
Incl	ude all reportable expenditures by lobbyist and lobby incurred during the repo			Amount attributed to each employer			
		TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer.	Employer No. <u>1</u>	Employer No	Employer No	
	Expense Category	+ d and attached	l	Column B	Column C	Column D	
3 C	OMPENSATION earned from employer for lobbying	pages)	Column A				
, 0 .	this period (salary, wages, retainer)	\$ 153.99	The state of the s	\$153.99	S	\$	
	ERSONAL EXPENSES for travel, food and freshments		\$		-	•	
	NTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS or state officials, employees, their families (See #15)					_	
	ONTRIBUTIONS to elected officials, candidates and olitical committees (See #16)		•			-	
	DVERTISING, PRINTING, INFORMATIONAL ITERATURE		^				
8. P	OLITICAL ADS, PUBLIC RELATIONS, POLLING, ELEMARKETING, ETC. (See #17)	` `			***		
9. O	THER EXPENSES AND SERVICES (See #18)		,				
	OTAL COMPENSATION AND EXPENSES INCURRED HIS MONTH	\$ 153.99	\$	\$ 153.99		\$	
				age(s) if you lobby for mo	ore than three employe	rs.)	
	EMPLOYERS' No. 1 (B) Northwest Health Law Advocates						
	No (C)				*	•	
*					1		
12. S	No (D) ubject 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						
g page and and a decision	WAC 182-538C HCA	HCA			The second secon		
	1			= · v			
		,			*		
	Continued on attached pages	-	•		* *		
		lobbying the Loc	gislature <u>0</u> % State Agen	ncies <u>100</u> %.			
	of the time spent lobbying, what percentage was devoted to ERMINATION: (COMPLETE THIS ITEM ONLY IF YOU I			100,00			
*		1	,	_		,	
D	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.							
: CERTIFICATION							
I certif	fy that this report is true and complete to the best of my kn	owledge. LC	BBYIST SIGNATURE	7.11	-	DATE	
	•	1		11/1		04547	
					CONTINUE	2/15/17	
			4		CONTINUE OF	1 INEX I FAGE	

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obbyist Name	Reporting July 2016							
Daniel S. Gross	Reporting JUIY 2016 Period (Month) (Year)							
 5. 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. Show the actual amount incurred for each individual or the amount fairly attributed to each. • Entertainment expenditures exceeding \$25 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. 								
Date Names of all Persons Entertained or Provided Travel, etc. Descrip	ion, Place, etc. Sponsoring Employer Amount							
	\$ 0.00							
	· ·							
3								
N/A Total expenses itemized on attached Memo Reports	0.00							
Continued on attached pages.								
6. 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 committee local or state ballot proposition. If a contribution exceeding \$25 was given to the following, its roots lobbying campaign.								
Date Name of Individual or Committee Receiving Contribution	Source of Contribution Amount							
	\$ 0.00							
·								
1	·							
N/A Total contributions itemized on attached Memo Reports	0.00							
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 7. Expenditures for: a) political advertising supporting or opposing a state or local candidate or	hallot massure; or hi hublic telations "telamarketing, polling or similar activities that							
directly or indirectly are lobbying-related must be itemized by amount, vendor or person rece attached page that also shows lobbyist name and report date. Put the aggregate total of the:	ving payment, and a brief description of the activity. Itemize each expenditure on an							
Payments by the lobbyist for other lobbying expenses and services, including payments to su or assistance in lobbying and payments for grass roots lobbying campaigns (except advertising the control of the con	bcontract lobbyists, expert witnesses and others retained to provide lobbying services							
Date Recipient's Name and Address	Employer for Whom Expense was Incurred Amount							
Notificial value and values	\$ 0.00							
	Ψ 0.00							
	0.00							
Continued on attached page.	•							