711 CAPITOL WAY RM 206 **OLYMPIA WA 98504-0908** (360) 753-1111 TOLL FREE 1-877-601-2828

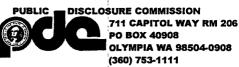
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1/15	

PDC OFFICE USE

DATE FILED PDC APR 1720

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

							1/2017
1. Lobbyist Name Dav. d Micheuer Page 1							
	Mailing Address	P.D. Box	12419	V			
	City	Olympia	State	985 ⁻ 0	8	New Address?	☐ Yes No
2.	This report is	1	This report correct	is or		Business Telepho	ne .
	for the period Management		amends the report	for (Month)	(Year)	360 7AD -	6200
_		ALL COMPLETE TH			COMPLETE IF YO	U HAVE MORE THAI	ONE EMPLOYER
	include all reportable	expenditures by lobbyist and I lobbyist incurred during the		er or on behalf of the	Amount	attributed to each e	mployer
	white the transfer	The state of the s	TOTAL AMOUNT THIS MONTH All employers plus own expense	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an	Employer No	Employer No. 2	Employer
		se Category	(Columns a + b + c + d and attached pages)	employer. Column A	Column B	Column C	Column D
3.	period (salary, wages, re		\$30,970		\$2,500	\$5,500	\$ 6,000
4.	,	S for travel, food and refreshments		\$,	•	
5.		ATUITIES, TRAVEL, SEMINARS yees, their families (See #15)					
6.	political committees (Se	1					
7.	ADVERTISING, PRINTII LITERATURE	NG, INFORMATIONAL					
8.	POLITICAL ADS, PUBLI TELEMARKETING, ETC	C RELATIONS, POLLING, C. (See #17)					
9.	OTHER EXPENSES AN	D SERVICES (See #18)		-			
10.	TOTAL COMPENSATIO THIS MONTH	N AND EXPENSES INCURRED	\$30,970	\$	\$2,500	5,500	\$6,000
(Attach additional page(s) if you lobby for more than three employers.) 11. EMPLOYERS' No. 2 (B) Port of Lalana No. 2 (C) Washington Beverage Assoc. No. 3 (D) Washington Hearth Cove Assoc.							
12.	Subject matter of propos Subject Matter, Issue	ed legislation of other legislative act	ivity or rule making the lo	earth Corporating or op the Agency Considering Ma	posing.	Employer Repres	sented
) 3 ¹⁸⁷	1					
	Continued on attached pag	 es		05			
13.	Of the time spent lobbyin	g, what percentage was devoted to	lobbying: the Legi	slature <u>7.3</u> %	State Agencies 5	_%.	
14.	TERMINATION: (COM	PLETE THIS ITEM ONLY IF YOU	WISH TO TERMINAT	E YOUR REGISTRATION)		
	Date registration ends:	Employ	yer's name:				
		eport is required for any month or poor to lobbying for that employer in the					
	CERTIFICATION						
l ce	rtify that this report is true	and complete to the best of my know	wledge.	BBYIST SIGNATURE	*		DATE
			\	Why Lynd	resells	4/15	117



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

Lobbyist Monthly Expense Report

L2

(as required by Chapter 397, 1995 Session Laws) Lobbyist Name Mailing Address City Zip + 4 New Address? ☐ Yes ☐ No This report is This report corrects or Business Telephone for the period amends the report for (Month) (Year) (Month) (Year) 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 attributed to each employer TOTAL AMOUNT Amounts paid from THIS MONTH lobbyist's own funds. Employer **Employer Employer** All employers plus not reimbursed or No. L No. 5 No." <u>6</u> attributed to an own expense **Expense Category** (Columns a + b + c employer. + d and attached Column B Column C Column D Column A pages) COMPENSATION earned from employer for lobbying this period (salary, wages, retainer) \$ 10,000 4. PERSONAL EXPENSES for travel, food and refreshments \$ ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for 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) 9. OTHER EXPENSES AND SERVICES (See #18) 10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH \$ \$10,000 (Attach additional page(s) if you lobby for more than three employe No. 4 (B) Peace Health 11. EMPLOYERS' NAMES No. 5 (C) Boswell Consulting No. 6 (D) Northwest Marine Techologies 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** Continued on attached pages 13. Of the time spent lobbying, what percentage was devoted to lobbying: 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 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

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
Port of Kalama	Transportation	Trade & Economic Development
	Economic Development	Transportation Commerce & Labor
Washington Health Care Association	Economic Development Long-term Care	•
	·	Commerce & Labor Senate Health Care House Health Care Senate Ways & Means