DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 -OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

PDC OFFICE USE

DATE FILED PDC

Lobbyist Monthly Expense Report

SEP 2 1 2017 (as required by Chapter 397, 1995 Session Laws) 1. Lobbyist Name Mailing Address City Zip + 4 New Address? 🔲 Yes 💋 I Business Telephone This report is This report corrects or はかつ for the period amends the report for (360)790-6200 (Month) (Year) COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYE 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 Amount attributed to each employer TOTAL AMOUNT Amounts paid from Emp<u>loy</u> THIS MONTH lobbyist's own funds, Employer Employer Ali employers plus not reimbursed or No.] ttributed to an own expense **Expense Category** (Columns a + b + c employer. + d and attached Column D Column B Column C pages) Column A COMPENSATION earned from employer for lobbying this period (salary, wages, retainer) 5.500 \$6.000 PERSONAL EXPENSES for travel, food and efreshments \$ 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 I ITERATURE POLITICAL ADS. PUBLIC RELATIONS, POLLING. TELEMARKETING, ETC. (See #17) 9. OTHER EXPENSES AND SERVICES (See #18) 10. TOTAL COMPENSATION AND EXPENSES INCURRED \$26,571 THIS MONTH 2,500 (Attach additional page(s) if you lobby for more than three employers.) No. 1 (B) Port of Kalama 11. EMPLOYERS' NAMES No. $\overline{2}$ (c) Washington Beverage Assoc.

No. 3 (D) Washington Health Care Assoc.

12. Subject matter of proposed legislation or other legislative activity of rulemaking the lobbyist was supporting or opposing. Subject Matter, Issue or Bill No. Legislative Committee or State Agency Considering Matter **Employer Represented** State Agencies 14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION) Date registration ends: Employer's name:

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 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 mus

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

LOBBYIST SIGNATURE

DATE

byist Name		Reporting Period (Mc	onth) (Year)	
Namina all	of the following expenditures that were incurred by lobbyist or lobb	west amplicated by landstature state off	rials state emilianes and	members of their immediate fami
Entertain Travel, k Enrollme	to the tolowing experiments that we intend to year, and can actual amount incurred for each individual or the amount fair ment expenditures exceeding \$25 per occasion (including lobby)s or or occasion (including lobby)s or occasion (including lobby)s and course fees in connection with a seminar or educational provide an elected official with a copy of the L-2 or Memo Re or her family member(s); or 2) providing travel, lodging, subsistent	ly attributed to each. st's expense) for meals, beverages, ticke esentation, appearance, trade mission, sogram. congram.	ts, passes, or for other for seminar or educational pro on one occasion over \$50	ns of entertainment. gram. for food or beverages for the offici
Date	Names of all Persons Entertained or Provided Travel, etc.	Description, Place, etc.	Sponsoring E	
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N/A	Total expenses itemized on attached Memo Reports	· · · · · · · · · · · · · · · · · · ·	1	
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or state ballobbying ca	Not proposition. If a contribution exceeding \$25 was given to the sampaign. Name of Individual or Committee Receiving Contribution	·	Contribution	Amount
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			- -	5
	- -		-	5
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ŇA .	Total contributions itemized on attached Memo Reports		-	\$
If contribut	Total contributions itemized on attached Memo Reports ions were made directly by a political action committee associated on need not be again included in this L-2 report.)	d, affiliated or sponsored by your employ	er, show name of the PAC	
If contribution C-4 rep	ions were made directly by a political action committee associated on need not be again included in this L-2 report.) In attached pages. PAC Name:	and the second of the second o		below. (Information reported by
If contribution C-4 rep Continued of Expenditure directly or attached p	ions were made directly by a political action committee associated out need not be again included in this L-2 report.) In attached pages. PAC Name: Tes for: a) political advertising supporting or opposing a state or keep indirectly are lobbying-related must be itemized by amount, vendage that also shows lobbyist name and report date. Put the aggre	ocal candidate or ballot measure; or b) p or or person receiving payment, and a b egate total of these expenditures on line	ublic relations, telemarketi lef description of the activi 8.	below. (Information reported by ng. polling or similar activities that y. Itemize each expenditure on a
If contribution C-4 rep Continued of Expenditure directly or attached p	ions were made directly by a political action committee associated out need not be again included in this L-2 report.) In attached pages. PAC Name:	ocal candidate or ballot measure; or b) p or or person receiving payment, and a br egate total of these expenditures on line g payments to subcontract lobbyists, exp	ublic relations, telemarketi lef description of the activi 8. pert witnesses and others	below. (Information reported by ng. polling or similar activities that y. Itemize each expenditure on a
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Lobbyist N (as required	lonthly Expens d by Chapter 397, 1995 Sessio	ie Report			
1. Lobbyist Name Dau & Mic	hener	Page Z	,		
City	State	Zip + 4	-	New Address?	☐ Yes ☐
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2. This report is for the period	This report correct amends the report		•	Business Telephor	e
(Month) (Year)	· · · · · · · · · · · · · · · · · · ·	(Month)	(Year)	<u></u>	
	TE THIS PART	- baball of the labbeint	COMPLETE IF YO	U HAVE MORE THAN	ONE EMPLOY
include all reportable expenditures by lobbyist an incurred during t	he reporting period		Amoun	t attributed to each en	nployer
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c	Amounts paid from lobbytst's own funds, not reimbursed or attributed to an employer.	Employer No. <u>4</u>	Employer No. 5	Employe No. 6
Lapense Galegory	+ d and attached pages)	Column A	Column B	Column C	Column
 COMPENSATION earned from employer for lobbying period (salary, wages, retainer) 	g this \$		\$10,000	\$ 22570	s 1
4. PERSONAL EXPENSES for travel, food and refreshments	·	\$			
 ENTERTAINMENT, GRATUTIES, TRAVEL, SEMIN for state officials, employees, their families (See #15 					
 CONTRIBUTIONS to elected officials, candidates an political committees (See #16) 	nd		-		
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLILING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)			-		
 TOTAL COMPENSATION AND EXPENSES INCUR THIS MONTH 	RED \$	\$	\$10,000	\$ 2,570	\$ }
11. EMPLOYERS' NAMES No. 5 (C) BOS No. 6 (D) NO 12. Subject matter of proposed legislation or other legislation by Subject Matter, Issue or Bill No.	ce Health swell Consi nthwest N ative activity or rulemaking the lo Legislative Committee or St	ulting harine Te	echowole	Employer Repre	
Continued on attached pages		<i>G</i> D) _m	
 Of the time spent lobbying, what percentage was developed. TERMINATION: (COMPLETE THIS ITEM ONLY III 		rour registration)	State Agencies L ()		
Date registration ends:	Employer's name:		•		
I understand that an L-2 report is required for any mo file a new registration prior to lobbying for that employ	onth or portion thereof in which I a	am a registered lobbyist. I ai s terminate automatically on	iso understand that once the second Monday in J	e I have terminated my lanuary of each odd nun	registration, I mo
		TIFICATION		-	
certify that this report is true and complete to the best of		BBYIST SIGNATURE		······································	DATE
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ternize all or Show the ac	the rollowing expenditured f	es that were incurred by lot or each individual or the	ooyist or loboyist i amount fairly at	ributed to each.	aiors, state	Oliciais, state	employees and	members of a	a hinicoldic ice.
Travel, lod Enrollment	ging and subsistence ex t and course lees in com ast provide an elected of	<u>ling \$25 per occasion</u> (incl penses in connection with nection with a seminar or e icial with a copy of the L-2	a speech, presen ducational progra or Memo Report	tation, appearance, m. f the lobbyist reports	rade mission : 4) spendin	n, seminar or ng on one occ	educational progassion over \$50 (gram. or food or beve	rages for the officia
_		r 2) providing travel, lodgin			_	ees for the of			
Date	Names of all Persons E	intertained or Provided Tra	vel, etc.	Description, Pt	ace, etc.		Sponsoring E	mployer	Amount
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N/A T	Total expenses itemized	on attached Memo Reports	s 	· · · · · · · · · · · · · · · · · · ·				`	•
- Continued on a	attached pages.	* ≈	a and a second	- grep reso.	•		-		
f a monetary	or in-kind contribution e	xceeding \$25 was given or	transmitted by the	e lobbyist to any of	he following	, itemize the	contribution belo	w or on a Memo	Report: local and
date candida	ates or elected officials; l ot proposition. If a contril	ocal and state officers or e oution exceeding \$25 was (molovees politic	l committees suppo	rtina ar acac	sino anvican	didate, elected o	ifficial, officer or	employee or any
Date	Name of Individual or 0	Committee Receiving Cont	nibution		Source	of Contributio			Amount
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	ns were made directly by t need not be again incl.	a political action committe ided in this L-2 report.)	e associated, am	nated of sponsored			ante of the PAC	реюм. (инопт	adon reported by r
Continued on a	attached pages.	PAC Name	e:			1			- *
		ing supporting or opposing					ns, telemarketir	ng, polling or sin	ilar activities that
		ted must be itemized by an ist name and report date. I					ion of the activit	y. Itemize each	expenditure on a
ayments by	the lobbyist for other lol	obying expenses and service for grass roots lobbying ca	ces, including pay	ments to subcontra	t lobbyists, o	expert witnes	ses and others r	etained to provi	le lobbying servic
Date	Recipient'	s Name and Address	I	Empi	oyer for Who	om Expense v	was incurred		Amount
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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 Economic Development	Trade & Economic Development Transportation Commerce & Labor
Washington Health Care Association	Long-term Care	Senate Health Care House Health Care Senate Ways & Means

Washington Health	Long-term Care	Senate Health Care
		House Health Care
Care Association		Senate Ways & Means
		House Appropriations

Boswell Consulting	Health Care	Senate/House Health Care		
Northwest Marine	State Budget	Dept. Fish & Wildlife		

Technologies Senate Natural Resources & Parks House Agriculture & Natural Resources Senate Ways & Means House Appropriations