

L2
 1/02

PDC OFFICE USE

DATE FILED PDC

JAN -11 2018

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

1. Lobbyist Name David Michener Page 1
 Mailing Address P.O. Box 12419
 City Olympia State WA Zip + 4 98508
 New Address? ☒ Yes ☒ No
 2. This report is for the period December 2017 (Month) (Year)
 This report corrects or amends the report for (Month) (Year)
 Business Telephone 360 790-6200

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		
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. 1 Column B	Employer No. 2 Column C	Employer No. 3 Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$26,571		\$2,500	\$5,500	\$6,000
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)					
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
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	\$26,571	\$	\$2,500	\$5,500	\$6,000

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES
 No. 1 (B) Port of Kalama
 No. 2 (C) Washington Beverage Assoc.
 No. 3 (D) Washington Health Care of Assoc.
 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: the Legislature 95 % State Agencies 5 %
 14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)
 Date registration ends: 1/1/17 Employer's name: Peace Health
1/1/17 Northwest Marine Technology
 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 David Michener DATE 1/10/17
 CONTINUE ON NEXT PAGE

Lobbyist Name: THE BEACReporting
Period

(Month)

(Year)

15. 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.	Description, Place, etc.	Sponsoring Employer	Amount \$

N/A Total expenses itemized on attached Memo Reports

☐ Continued on attached pages.

16. 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 committees supporting or opposing any candidate, elected official, officer or employee or any local or state ballot proposition. If a contribution exceeding \$25 was given to the following, itemize the contribution below: a caucus political committee; a political party; or a grass roots lobbying campaign.

Date	Name of Individual or Committee Receiving Contribution	Source of Contribution	Amount \$

N/A Total contributions itemized on attached Memo Reports

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: _____

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. Payments by the lobbyist for other lobbying expenses and services, including payments to subcontract lobbyists, expert witnesses and others retained to provide lobbying services or assistance in lobbying and payments for grass roots lobbying campaigns (except advertising/printing costs listed in Item 7).

Date	Recipient's Name and Address	Employer for Whom Expense was Incurred	Amount \$

☐ Continued on attached page.

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1. Lobbyist Name David Michener Page 2

Mailing Address _____

City _____ State _____ Zip + 4 _____

2. This report is for the period December 2017 (Month) (Year)

This report corrects or amends the report for _____ (Month) (Year)

New Address? ☐ Yes ☐ No

Business Telephone () - _____

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		
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>4</u> Column B	Employer No. <u>5</u> Column C	Employer No. <u>6</u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ _____	\$ _____	\$ 10,000	\$ 2,570	\$ 1
4. PERSONAL EXPENSES for travel, food and refreshments	\$ _____	\$ _____			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)					
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
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10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ _____	\$ _____	\$ 10,000	\$ 2,570	\$ 1

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES

No. 4 (B) Peace Health

No. 5 (C) Boswell Consulting

No. 6 (D) North west Marine technology

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 _____

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13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 95% State Agencies 5%.

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Employer's name: _____

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CERTIFICATION

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

LOBBYIST SIGNATURE David Michener DATE 1/8/17

CONTINUE ON NEXT PAGE

Lobbyist Name _____

Reporting
Period _____

(Month) _____

(Year) _____

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				\$

N/A Total expenses itemized on attached Memo Reports

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			\$

☐ Continued on attached page.

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 House Appropriations
Boswell Consulting	Health Care	Senate/House Health Care
Northwest Marine Technologies	State Budget	Dept. Fish & Wildlife Senate Natural Resources & Parks House Agriculture & Natural Resources Senate Ways & Means House Appropriations