

L2

DATE FILED PDC

Lobbyist Monthly Expense Report

(as required by Chapter 397, 1995 Session Laws)

SEP 17 2018

1. Lobbyist Name David Michener Page 1
 Mailing Address P.O. Box 12414
 City Olympia State WA Zip +4 98508
 New Address? ☐ Yes ☒ No
 2. This report is for the period August 2018 This report corrects or amends the report for (Month) (Year) (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. <u>1</u> Column B | Employer No. <u>2</u> Column C | Employer No. <u>3</u> Column D |
| 3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer) | \$ <u>12,070</u> | | \$ <u>3,000</u> | \$ <u>2,500</u> | \$ <u>2,000</u> |
| 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 | \$ <u>12,070</u> | \$ | \$ <u>3,000</u> | \$ <u>2,500</u> | \$ <u>2,000</u> |

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

11. EMPLOYERS' NAMES
 No. 1 (B) Washington Beverage Assoc.
 No. 2 (C) Port of Kalama
 No. 3 (D) Washington Health Care 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 10 %

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.

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

CERTIFICATION

LOBBYIST SIGNATURE

DATE

David Michener

9/14/18

CONTINUE ON NEXT PAGE

L2
1/02

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

| | | | |
|--|-------|--|---|
| 1. Lobbyist Name <u>David Michener Page 2</u> | | | New Address? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mailing Address | | | |
| City | State | Zip + 4 | |
| 2. This report is for the period (Month) (Year) | | This report corrects or amends the report for (Month) (Year) | 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> </u> Column C | Employer No. <u> </u> Column D |
| 3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer) | \$ | | \$ <u>4,570</u> | \$ | \$ |
| 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 | \$ | \$ | \$ <u>4,570</u> | \$ | \$ |

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

11. EMPLOYERS' NAMES
No. 4 (B) Boswell Consulting
No. (C)
No. (D)

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: Employer's name:

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9/14/18

CONTINUE ON NEXT PAGE

Reporting Period (Month) (Year)

- 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.

[illegible]☐ Continued on attached pages.

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

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:

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.

| Client | Subject Matter | Legislative Committee/State Agency |
|------------------------------------|--|---|
| 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 |