

RECEIVED

Lobbyist Mon	thly Expens			RECEIV	/ED
1. Lobbyist Name				FEB 16	2017
Lagry 16- Shar	MOV.			141	
Malifing Address A	UP 1) \$			Public Disclosure	Commission
city Disamara	Signer	98/4	06	New Address?	☐ Yes ☐ No
2. This report is	This report corrects amends the report			Business Telepho	ne
for the period (Month) (Year)		(Month)	(Year)		
ALL COMPLETE TH Include all reportable expenditures by lobbyist and lobby		n hehelf of the lobbyiet	COMPLETE IF YO	U HAVE MORE THAN	ONE EMPLOYER
incurred during the rep	orting period		Amount	attributed to each e	mployer
Expense Category	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	Employer No	Employer No
	+ d and attached pages)	Column A	Column B	Column C	Column D
<ol> <li>COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)</li> </ol>	\$11.000		\$	\$	\$
<ol> <li>PERSONAL EXPENSES for travel, food and refreshments</li> </ol>	7382	7\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)			,		
CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	600,00			"	
7. 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	\$125227	\$	\$	\$	\$
11. EMPLOYERS' NAMES  No (B) 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.	lative Committee or Stat	te Agency Considering Ma	tter	Employer Repre	sented
Continued on attached pages		12	$\mathcal{I}$		
13. Of the time spent lobbying, what percentage was devoted to			State Agencies	_%.	
14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU	WISH TO TERMINATE	TOUR REGISTRATION)			
•	yer's name:				
I understand that an L-2 report is required for any month or p file a new registration prior to lobbying for that employer in th	ortion thereof in which I a e future. All registrations	m a registered lobbyist. I als terminate automatically on t	so understand that once he second Monday in Ja	I have terminated my i anuary of each odd nun	registration, I must nbered year.
A sail Absolute and the base of the base o		IFICATION	12		DATE /
I certify that this report is true and complete to the best of my kno	wieuge. LO	BYST SIGNATURE	$A\setminus I'$		DATE /

Page 2	<u> </u>	_			, <u>L</u> _	
Lobbyist Nam	LATTY		MANNEN	Reporting Period	August 706	
In the tot entertain • Enterta • Travel • Enrollin Lobbyists	al amount column, shing each Individual, a inment expenditures ex lodging and subsistence ent and course fees in must provide an electe	ow the to s shown i ceeding \$ e expense connection d official v	tal amount spent for each oce n the example. When reports 50 per occasion (including lobb se in connection with a speech, n with a seminar or educational with a copy of the L-2 or Memo I	easion including any staging costs, ta ng a reception or similar event, show yist's expense) for meals, beverages, tio presentation, appearance, trade mission program. Report if the lobbyist reports: 1) spendin	officials, state employees and members of the additional state of the amount fairly attributed to each indicate the amount fairly attributed to each indicates, passes, or for other forms of entertain, seminar or educational program.  If you one occasion over \$50 for food or bees for the official and, if permitted, the official and, if permitted, the official states.	amount spent dividual. ainment. everages for the official
Date mm/dd/year	Include actual	amounts ), Rep Arro	nined or Provided Travel, etc. spent for entertainment w (\$28), and J. D. Lobbyist (\$36)	Description, Place, etc.  Dinner at Anthony's, Olympia	Sponsoring Employer  XYZ-eorporation	Total Amount \$121.41 \$
N/A	Total expenses itemiz	zed on atta	ached Memo Reports			•
☐ Continued of	on attached pages.					
16. If a monet	ary or in-kind contribution idates or elected official illot proposition. If a co	ls; local ar	nd state officers or employees;	political committees supporting or oppos	itemize the contribution below or on a Me sing any candidate, elected official, officer v: a caucus political committee; a political	or employee or any local
Departe 3	Name of Individual Foregrafia	or Commi	tee Receiving Contribution	Source o	of Contribution	\$ 750,00
8/24	- Re-	elei	it Justice	·	Dwn	(00.90
SIG			attached Nemo Reports	d affiliated or sponsored by your emplo	yer, show name of the PAC below. (Infor	mation reported by PAC
on C-4 rep	ort need not be again in attached pages.	cluded in	this L-2 report.) PAC Name:	AT Justice	DS A11	
directly or i	ndirectly are lobbying-re	elated mus	st be itemized by amount, vende	or or person receiving payment, and a b	ublic relations, telemarketing, polling or sing description of the activity. Itemize each	ch expenditure on an
18. Payments	by the lobbyist for other	lobbying e	expenses and services, including	egate total of these expenditures on line g payments to subcontract lobbyists, ex xcept advertising/printing costs listed in	pert witnesses and others retained to pro	vide lobbying services or
Date	Recipie	ent's Name	e and Address	Employer for Whom	Expense was Incurred	Amount
						\$
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Continued or	attached page.					

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(	Use this page if you need additional sp	ace for Items 12, 15 or 16)			
Lobb	yist Name			·· · · · · · · · · · · · · · · · · · ·	
		Reportin	9		
		Period	(Month)	(Year)	
12.	Subject Matter, Issue or Bill No.	Legislative Committee or State Agency Consider	ing Matter	Employer Represented	
	•		_		

15. Date	Names of all Persons Entertained or Provided Travel, etc.	Description, Place, etc.	Sponsoring Employer	Amount
				\$
	No. of latitude of a Countrie	Source of Con	tribution	Amount
16. Date	Name of Individual or Committee Receiving Contribution	Source of Cont	a ibuuchi	\$

(Use this page if you need additional space for Items 17 or 18) Lobbyist Name Reporting Period (Month) (Year) Amount Description, Place, etc. Sponsoring Employer Names of Vendor or Person Receiving Payment 17. Date \$ Amount Employer for Whom Expense was Incurred Recipient's Name and Address 18. Date \$