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

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

L2

PDC OFFICE USE

DATE FILED PDC

Lobbyist Monthly Expense Report

(as required by Chapter 397, 1995 Session Laws) New Address? Yes No Business Telephone This report is This report corrects or for the period amends the report for 4257252 3800 (Year) (Month) (Year) COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER 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 THIS MONTH lobbyist's own funds, **Employer Employer Employer** All employers plus not reimbursed or No. own expense attributed to an (Columns a + b + c employer. **Expense Category** Teamsters + d and attached Column B 38 Column C Column D Column A pages) COMPENSATION earned from employer for lobbying this period (salary, wages, retainer) 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) OTHER EXPENSES AND SERVICES (See #18) TOTAL COMPENSATION AND EXPENSES INCURRED \$ 1,146.56 \$1,14656 \$ THIS MONTH (Attach additional page(s) if you lobby for more than three employers.) 11. EMPLOYERS' NAMES Teamsters Local#38 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** Family and Women's Issues Labor Issues Non-Compete HB 1967 Continued on attached pages the Legislature \(\lambda \lambda \) % 13. Of the time spent lobbying, what percentage was devoted to lobbying: State Agencies _ 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

LOBBYIST SIGNATURE DATE

Melbwech L Grath 4-15-17

CONTINUE ON REVERSE

Page 2			L _	
Lobbyist Name	e			
	i I	Reporting Period	(Month) (Year)	
families. entertain Enterta Recept Travel. Enrollm Lobbyists	I of the following expenditures that were incurred by lobbyist or lot in the total amount column, show the total amount spent for ing each Individual, as shown in the example. inment expenditures exceeding \$50 per occasion (including lobbions. See WAC 390-20-020A, L-2 Reporting Guide, to determine lodging and subsistence expenses in connection with a speech, tent and course fees in connection with a seminar or educational must provide an elected official with a copy of the L-2 or Memo is or her family member(s); or 2) providing travel, lodging, subsistic	obbyist employer(s) for legislators, stare are ach occasion including any stage yist's expense) for meals, beverages, a if per person cost is required. presentation, appearance, trade miss to program. Report if the lobbyist reports: 1) spent	te officials, state employees and member ling costs, tax, and gratuity. Also show tickets, passes, or for other forms of ente ion, seminar or educational program. ding on one occasion over \$50 for food or	rtainment.
Date	Names of all Persons Entertained or Provided Travel, etc.	Description, Place, etc.	Sponsoring Employer	Total
mm/dd/year	Include actual amounts spent for entertainment Example: Sen Bow (\$32), Rep Arrow (\$28), and J. D. Lobbyist (\$36) tax & gratuity (\$25.41)	Dinner at Anthony's, Olympia	XYZ Corporation	Amount \$121.41 \$
	NA.			·
	A solution of the solution of		The state of the s	A STATE OF THE STA
N/A	Total expenses itemized on attached Memo Reports	1		→ '
☐ Continued	l on attached pages.			
state can local or s	tary or in-kind contribution exceeding \$25 was given or transmitted didates or elected officials; local and state officers or employees; tate ballot proposition. If a contribution exceeding \$25 was given bying campaign.	political committees supporting or or	posing any candidate, elected official, of	icer or employee or any
Date	Name of Individual or Committee Receiving Contribution	Source	of Contribution	Amount
				\$
N/A	Total contributions itemized on attached Memo Reports	'	-	> ¹
	I ttions were made directly by a political action committee associa port need not be again included in this L-2 report.)	ted, affiliated or sponsored by your en	nployer, show name of the PAC below. (I	nformation reported by PAC
□ - Continued	on attached pages. PAC Name:	a proprieta esta francia de la constitución de la c	The second secon	في السهود المستدي المستومين المستومين المستومة المستومين المستومين المستومين المستومة المستوم
directly of	res for. a) political advertising supporting or opposing a state or r indirectly are lobbying-related must be itemized by amount, ven page that also shows lobbyist name and report date. Put the agg	dor or person receiving payment, and	a brief description of the activity. Itemize	
	s by the lobbyist for other lobbying expenses and services, includ ance in lobbying and payments for grass roots lobbying campaign			provide lobbying services
Date	Recipient's Name and Address	Employer for Wh	nom Expense was Incurred	Amount
				\$
☐ Continued	on attached page.	I		I

INFORMATION CONTINUED

L2

(Use this pa	ge ir you need addit	onal space for Items 12, 15 or	16)				
Lobbyist Name	1						
				Reporting			
	l .			Period	(Month)	(Year)	
	1						

12. Subject Matter, Issue or Bill No.

Legislative Committee or State Agency Considering Matter

Employer Represented

NA

	I			
15. Date	Names of all Persons Entertained or Provided Travel, etc.	Description, Place, etc.	Sponsoring Employer	Amount
				\$
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16. Date	Name of Individual or Committee Receiving Contribution	Source of Con	atribution	Amount
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(Use this page if you need additional space for Items 17 or 18)

Lobbyist Name		Reporting (Month)	(Year)	
17. Date	Names of Vendor or Person Receiving Payment	Description, Place, etc.	Sponsoring Employer	Amount \$
	NA			, , ,
18. Date	Recipient's Name and Address	Employer for Whom Expen	se was incurred	Amount \$