	, <b>T</b>						
	PUBLIC - DISCLOSURE COMMISSION				THIS SP	ACE FOR	OFFICE USE
711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111		6 Employ	er's	L3	İ		
		Loudying E	хреносо				
1.	TOLL FREE 1-877-601-2828  Employer's Name (Use complete company, association, t	union or entity name )	ſ	1/09	-		
	Community Employment Alliance	and of chary manely					
	Attention (Identify person to whom inquiries about the in	formation below should be directed; NO	T the lobbyist.)				
	Shelhy Satko Board President						
	Mailing Address		360 459 6517	,	7		
	PO Box 5		· · · · · · · · · · · · · · · · · · ·			·····	
	East Olympia WA	A 98540	marcie@communityemploymen	ntalliance.org	2016		
TI	HS REPORT MUST BE FILED BY THE <u>LAST DAY (</u> ashington State Legislature and/or any state agency. Co	OF FEBRUARY. Include expenditures omplete all sections. Use "none" or "0"	made and accrued du when applicable.	ring the prev	ious calendar	year for lo	bbying the
<b>2.</b>	Identify each of your lobbyists/lobbying firms below. In (plus obligated) for other lobbying related expenses that v legislative candidates, reimbursement for entertainment expenses.	vere made by or through the lobbyist and	reported by the lobbyis	t on the month	ly L-2 report (e	.g., contril	outions to
	Names of Registered Lobbyists (if payments were to lo	obbying firm, list firm name)	Col 1-Salary	Col 2-0	ther Total Amount		
Se	th Dawson	,	\$ 12,0		0	\$	12,000
			240			240	12,000
M	arcie Taylor						
				<u> </u>		l 	
	Information continued on attached pages	•	Total Expens	es By or Thro	ugh Lobbyists		12,240
DC	NOT INCLUDE EXPENDITURES ALREADY ACCO	OUNTED FOR IN ITEM 2 ABOVE w	en completing Items 3	through 7 be	low.	·	· · · · · · · · · · · · · · · · · · ·
3.	Other expenditures made by the employer for lobbying pu	-			<del></del>		
	a. to vendors on behalf of or in support of registered lob	byists (e.g., entertainment credit card pur	chases);			\$	0
the employer's lobbying effort;							
		transportation meals lodging etc.) and	enrollment or course f	age provided t	•		0
	<ul> <li>for entertainment, tickets, passes, travel expenses (e.g., transportation, meals, lodging, etc.) and enrollment or course fees provided to legislators, state officials, state employees and members of their immediate families; (Also complete Item 9.)</li> </ul>					0	
	d. for composing, designing, producing and distributing informational materials for use primarily to influence legislation; and				674.05		
	e. for grass roots lobbying expenses, including those previously reported by employer on Form L-6, and payments for lobbying communications to clients/customers (other than to corporate stockholders and members of an organization or union).					n	
<ol> <li>Political contributions to candidates for legislative or statewide executive office, committees supporting or opposing these candidates, or committees supporting or opposing statewide ballot measures. (Also complete Item 10.)</li> </ol>							
	a. Contributions made directly by the employer, including			*			0
<ul> <li>b. If contributions were made by a political committee associated, affiliated or sponsored by the employer, show the PAC name below.</li> <li>(Information reported by the PAC on C-4 reports need not be again included as part of this L-3 report.)</li> </ul>					0		
	Name of PAC						
Э.	<ol> <li>independent expenditures supporting or opposing a candidate for legislative or statewide executive office or a statewide ballot measure. (Also complete Item 11.)</li> </ol>					. 0	
6,	Expenditures to or on behalf of legislators, state officials, influencing, honoring or benefiting the legislator or official	or their spouse, registered domestic partnal. (Normal course of business payments	er and dependents for the are not reportable.) (Al	ne purpose of so complete It	em 14.)		0
7.	7. Other lobbying-related expenditures, whether through or on behalf of a registered lobbyist. Attach list itemizing each expense (i.e., show date, recipient, purpose and amount). Do not include payments accounted for above.				0		

8. This report must be certified by the president, secretary-treasurer or similar office of lobbying employer.

Certification: I certify that this report is true, complete and correct to the best of my

Marcie Taylor, Executive Director & Board Secretary

knowledge.

(Items 2 thru 7)

Signature of Employer Officer

Mac 1D

12,914.05 12,914.05

Date

Employer's Name	Year report covers:				
Community Employment Alliance		2016			
9. Entertainment, tickets, passes, travel expenses (including t	ransportation meals lodging etc.	and enrollment or co	urse fees provided to legislators, state officials, state		
employees and members of their immediate lamines. See			1		
Name and Title		Cost or Value	Date and Description of Expense		
		ė.			
		\$			
1					
Information continued on attached pages					
10. Contributions (not reported by the lobbyist) totaling over \$ candidates or a committee supporting or opposing a statew					
Name of Recipient	nac omot measure. Looke list en	Amount	Date (and, if In-Kind, Description)		
,		• • • • • • • • • • • • • • • • • • • •	Sur (am, n. m. temm, Swittfull)		
		\$	,		
I			I		
Information continued on attached pages					
11. Independent expenditures in support of or opposition to a)	a legislative or statewide executiv	e office candidate or b	a statewide ballot proposition.		
See instruction manual for definition of "independent e			, a amonto a mana para para para para para para para p		
Communication of states of Artificial Artificial Communication of the Co		e Heirann.	sum mes sumrificant of sufusion		
Ballot Proposition Number & Brief De	scription		(Note if Support or Oppose)		
		\$			
		•			
Information continued on attached pages					
office and each member of their immediate family.					
Name	Relationship to Candidate or	Amount (Code)**	Description of Consideration or Services Exchanged for		
	Elected Official if Member of		Compensation		
	Family				
☐ Information continued on attached pages	•				
13. Compensation of \$2,000 or more during the preceding cale	endar year for professional services	paid to any corporati	on, partnership, joint venture, association or other entity		
in which state elected official, successful state candidate or		y hold office, partners	hip, directorship or ownership interest of 10% or more.		
Firm Name	Person's Name	Amount (Code)**	Description of Consideration or Services Exchanged for		
			Compensation		
	1	1	· !		
Information continued on attached pages	indirectly to a state plantal official	enopeeful andidata	for state office or member of their immediate family. If		
14. Any expenditure, not otherwise reported, made directly or indirectly to a state elected official, succe made to honor, influence or benefit the person because of his or her official position.			to saw office of memori of their immediate family, if		
Name		Amount	Date and Purpose		
		\$			
	· ·		1		
			,		
☐ Information continued on attached pages					
**DOLLAR **DOLLAR					
CODE AMOI	INT	CODE			

A .. \$1 to \$2 000

B - \$4,000 to \$19,999 C - \$20,000 to \$39,999

This \$40 000 to \$00 000

E-\$100,000 or more

## **INFORMATION CONTINUED**

L3

(Use this page if you need additional space for Items 2 or 9)

Employer's Name Year report covers:				
Community Employment Alliance 2016				
2. Names of Registered Lobbvists	Col 1-Salary Col 2-Other Total A			
1	1 \$	\$	1 \$	i
				-
				ı
				_
				$\dashv$
; <del>{</del>	1	· · · · · · · · · · · · · · · · · · ·	1	1
				$\dashv$
				$\neg$
				_
				- [
			- Angles - Angles - P	
	<del> </del>		<del> </del>	$\dashv$
Total From This Page	:			
<u></u>			- <del>L</del>	<u>ب</u> ا
9. Entertainment, etc.				٦
Name and Title	Cost or Value	Date and Descrip	tion of Expense	-
	8			
	1			ſ
  -	j t			j
·				
	-			- 1
	4			1
				l
•				
!				!

## INFORMATION CONTINUED (Use this page if you need additional space for Items 10 or 11)

Employer's Name Community Employment Alliance	Year report covers: 2016			
10. Contributions  Name of Recipient	Amount \$	Date (and, if In-Kind, Description)		
Candidate's Name, Office Sought & Party or Ballot Proposition Number & Brief Description	Amount \$	Date and Description of Expense (Note if Support or Oppose)		
	,			

## **INFORMATION CONTINUED**

L3

(Use this page if you need additional space for Items 12 thru 14)

Employer's Name	Year report covers:					
Community Employment Alliance		20	2016			
12 Compensation of \$2,000 or more for employment, etc  Name	Relationship to Candidate or Elected Official if Member of Family	Amount (Code)**	Description of Consideration or Services Exchanged for Compensation			
	-					
13. Compensation of \$2,000 or more for professional services  Firm Name	Person's Name	Amount (Code)**	Description of Consideration or Services Exchanged for Compensation			
•			- ,			
			r			
14. Any expenditure not otherwise reported						
Name		Amount	Date and Purpose			
		\$				
	-					

\*\*DOLLAR
CODE AMOUNT

A - \$1 to \$3,999 B - \$4,000 to \$19,999 \*\*DOLLAR
CODE AMOUNT

D - \$40,000 to \$99,999 E - \$100,000 or more