Janet Varon

**Daniel Gross** 

Printed Name and Title of Officer:

PO BOX 40908 **OLYMPIA WA 98504-0908** 

Names of Registered Lobbyists (if payments were to lobbying firm, list firm name)

Janet Varon, Executive Director

## Employer's **Lobbying Expenses**

THIS SPACE FOR OFFICE USE

Total Amount

CONTINUE ON REVERSE

3080.00 1527.08

fanet Varon

(36	i0) 753-111 <u>1</u>				
ТО	LL FREE 1-877-6	01-2828	·	1/15	
Employer's Name (Use complete company, association, union or entity name.)					DATE FILED PDC
Northwest Health	Law Advocate	es	No.		1
Attention (Identify person	to whom inquiries	about the informat	ion below should be directed; l	NOT the lobbyist.)	T FEB 23 2017
Janet Varon		-	•	•	125 20 20
Mailing Address	i			Telephone	1
4759 15th Ave N	E, Suite 305		,	(206) -325-6464 ext. 13	
City	ı	State	Zip + 4	E-Mail Address	Year Report Covers
Seattle	!	WA	98105-4404	janet@nohla.org	2016
THIS REPORT MUST BE I	FILED BY THE L	AST DAY OF FE	BRUARY. Include expenditu	ures made and accrued during the previ	ous calendar year for lobbying the

Washington State Legislature and/or any state agency. Complete all sections. Use "none" or "0" when applicable.

2. Identify each of your lobbyists/lobbying firms below. In column 1, show the full amount of salary or fee each earned for lobbying. In column 2, show the full amount paid (plus obligated) for other lobbying related expenses that were made by or through the lobbyist and reported by the lobbyist on the monthly L-2 report (e.g., contributions to legislative candidates, reimbursement for entertainment expenses, etc.). Compute the subtotals across and down the columns; put the grand total of expenses incurred by or through lobbyists in the space designated.

Huma Zarif	449.64			449.6		
Total From Attached P	3853.92			3853.92		
☐ Information continued on attached pages	Total Expenses B	y or Through Lobbyists	;	\$8,853.92		
DO NOT INCLUDE EXPENDITURES ALREADY ACCOUNTED FOR IN ITEM 2 ABOVE	when completing Items 3 thr	ough 7 below.	# at	-		
3. Other expenditures made by the employer for lobbying purposes. Show total expenditures made			1			
a. to vendors on behalf of or in support of registered lobbyists (e.g., entertainment credit card p	urchases);	• • • •	\$	* **		
<ul> <li>to or on behalf of expert witnesses or others retained to provide lobbying services who offer the employer's lobbying effort;</li> </ul>	specialized knowledge or expe	ertise that assists		-		
c. for entertainment, tickets, passes, travel expenses (e.g., transportation, meals, lodging, etc.) a legislators, state officials, state employees and members of their immediate families; (Also c		rovided to				
d. for composing, designing, producing and distributing informational materials for use primari	ly to influence legislation; and					
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).						
4. Political contributions to candidates for legislative or statewide executive office, committees supporting or opposing statewide ballot measures. (Also complete Item 10.)	porting or opposing these cand	idates, or	Security or an additional factor of the contract of the contra	ndramore, and also referenced		
a. Contributions made directly by the employer, including those previously reported on PDC Form L-3c.						
b. If contributions were made by a political committee associated, affiliated or sponsored by the employer, show the PAC name below.  (Information reported by the PAC on C-4 reports need not be again included as part of this L-3 report.)						
Name of PAC			`			
5. Independent expenditures supporting or opposing a candidate for legislative or statewide executive office or a statewide ballot measure. (Also complete Item 11.)						
6. Expenditures to or on behalf of legislators, state officials, or their spouse, registered domestic par influencing, honoring or benefiting the legislator or official. (Normal course of business paymen			,			
7. Other lobbying-related expenditures, whether through or on behalf of a registered lobbyist. Attac recipient, purpose and amount). Do not include payments accounted for above.	ch list itemizing each expense	(i.e., show date,				
	Total L	obbying Expenses	\$	8,853.92		
This report must be certified by the president, secretary-treasurer or similar office of lobbying em	ployer.	(Items 2 thru 7)		. 15.		
	Signature of Employer Officer	,	Date	,		
MIOWIEUZE.						

L3

Northwest Health Law Advocates	Year report covers:						
Northwest realth Law Advocates	2016						
9. Entertainment, tickets, passes, travel expenses (including transportation, meals, lodging, etc.) and enrollment or course fees provided to legislators, state officials, state employees and members of their immediate families. See instruction manual for details.							
Name and Title	Cost or Value	Date and Description of Expense					
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	_	\$					
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Information continued on attached pages		·					
Contributions (not reported by the lobbyist) totaling over \$     candidates or a committee supporting or opposing a statew	25 to a legislative or statewide exertion in the control of the co	ecutive office candidate place of the control of th	te, a committee formed to support or oppose one of these contributions.				
Name of Recipient		Amount	Date (and, if In-Kind, Description)				
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	ent in each staffe						
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☐ Information continued on attached pages		<u> </u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
11. Independent expenditures in support of or opposition to a)  See instruction manual for definition of "independent e		e office candidate or b	a statewide ballot proposition.				
Candidate's Name, Office Sought & F	Party or	Amount	Date and Description of Expense				
Ballot Proposition Number & Brief Des	scription		(Note if Support or Oppose)				
	,	` <b>\$</b>	3				
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Information continued on attached pages     Compensation of \$2,400 or more during the preceding cale	under voor for omnlovment or prof	ossional samiasa naid	to state elected officials suppossful condidates for state				
office and each member of their immediate family.	andar year for employment or pro-	essional services paid	to state elected officials, successful candidates for state				
Name	Relationship to Candidate or	Amount (Code)**	Description of Consideration or Services Exchanged for				
. ;	Elected Official if Member of Family		Compensation				
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☐ Information continued on attached pages							
13. Compensation of \$2,400 or more during the preceding calendar year for professional services paid to any corporation, partnership, joint venture, association or other entity in which state elected official, successful state candidate or member of their immediate family hold office, partnership, directorship or ownership interest of 10% or more.							
Firm Name	Person's Name		Description of Consideration or Services Exchanged for				
	1		Compensation				
			··				
	•						
☐ Information continued on attached pages							
14. Any expenditure, not otherwise reported, made directly or indirectly to a state elected official, successful candidate for state office or member of their immediate family, if made to honor, influence or benefit the person because of his or her official position.							
Name	v	Amount	Date and Purpose				
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Information continued on attached pages							
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CODE **AMOUNT** 

A - \$1 to \$4,499 B - \$4,500 to \$23,999 C - \$24,000 to \$47,999

CODE AMOUNT

D - \$48,000 to \$119,999 E - \$120,000 or more

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

Employer's Name Northwest Health Law Advocate	tes	Year report covers: 2016			
2. Names of Registered Lobbyists Elisabeth Smith			Col 1-Salary \$ 491.55	Col 2-Other	Total Amount \$ 491.55
Ann Vining			3362.37	7	3362.37
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	· · · · · · · · · · · · · · · · · · ·	Total From This Page	3853.92	2	3853.92
9. Entertainment, etc.	Name and Title	· · · · · · · · · · · · · · · · · · ·	Cost or Value	Date and Descripti	on of Evnence
,	)	\$	Cost of Value	Date and Descripti	on or Expense
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## **INFORMATION CONTINUED**

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

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Employer's Name		Year report covers: 2016		
10. Contributions	of Provinces	1	Detroit Str. Viol. Description	
Na	ame of Recipient	Amount	Date (and, if In-Kind, Description)	
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11. Independent expenditures  Candidate's Na	me. Office Sought & Party or	Amount	Date and Description of Expense	
Ballot Propositio	me, Office Sought & Party or n Number & Brief Description	,	Date and Description of Expense (Note if Support or Oppose)	
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## **INFORMATION CONTINUED**

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

Employer's Name		Year report covers: 2016			
			20	)16	
12. Compensation of \$2,400 or more for	r employment, etc.			· · · · · · · · · · · · · · · · · · ·	
Name	:	Relationship to Candidate or Elected Official if Member of Family	Amount (Code)**	Description of Consideration or Services Exchanged for Compensation	
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			-		
13. Compensation of \$2,400 or more for Firm Name	r professional services	Person's Name		L Barrieria - 60itarria Garrier - Fratana - 160-	
Firm Name	1	Person's Name	Amount (Code)**	Description of Consideration or Services Exchanged for Compensation	
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14. Any expenditure not otherwise repo					
	Name		Amount \$	Date and Purpose	
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\*\*DOLLAR
CODE AMOUNT

A - \$1 to \$4,499 B - \$4,500 to \$23,999 C - \$24,000 to \$47,999

\*\*DOLLAR
CODE AMOUNT

D - \$48,000 to \$119,999 E - \$120,000 or more