PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111	Emple Lobbying	-	L3		CE FOR OFFICE USE
TOLL FREE 1-877-601-2828			1/15	FF	B 0 1 2018
 Employer's Name (Use complete company, association, union or Northwest Kidney Centers 	entity name.)				012010
Attention (Identify person to whom inquiries about the informati	on below should be directed;	NOT the lobbyist.)		-	3
Carrie McCabe, CFO	····· · · · · · · · · · · · · · · · ·				
Mailing Address		Telephone	······································	-	
700 Broadway		(206 -720 850	8		
City State	.Zip + 4	E-Mail Address		Year Report	Covers
Seattle WA	98122-4302	Carrie.Mccabe@ ey.org	nwkidn	2017	<u></u>
 THIS REPORT MUST BE FILED BY THE LAST DAY OF FEI Washington State Legislature and/or any state agency. Complete Identify each of your lobbyists/lobbying firms below. In column (plus obligated) for other lobbying related expenses that were ma legislative candidates, reimbursement for entertainment expenses through lobbyists in the space designated. 	e all sections. Use "none" or a 1, show the full amount of s ade by or through the lobbyist	• "0" when applicable. alary or fee each carned fo <u>and</u> reported by the lobby	or lobbying. In c ist on the monthl	olumn 2, show y L-2 report (e.)	the full amount paid
Names of Registered Lobbyists (if payments were to lobbying	firm, list firm name)	Col 1-Salary	r Col	2-Other	Total Amount
Christophersen Inc	·····, ····,		000 s	0	s 24000
	*				
			·	-	
	Total From Attached	l Page	0	0	<u> </u>
Information continued on attached pages		Total Expe	nses By or Throu	igh Lobbyists	\$ 24000
DO NOT INCLUDE EXPENDITURES ALREADY ACCOUNT	ED FOR IN ITEM 2 ABOV	E when completing Item	s 3 through 7 be	low.	
3. Other expenditures made by the employer for lobbying purposes		-			
a, to vendors on behalf of or in support of registered lobbyists					s 0
 to or on behalf of expert witnesses or others retained to prov the employer's lobbying effort; 			or expertise that	assists	0
 for entertainment, tickets, passes, travel expenses (e.g., trans legislators, state officials, state employees and members of t 	heir immediate families; (Also	o complete Item 9.)			0
d. for composing, designing, producing and distributing inform	ational materials for use prim	arily to influence legislation	on; and		0
 for grass roots lobbying expenses, including those previousl to clients/customers (other than to corporate stockholders and 	d members of an organization	or union).		nications	0
 Political contributions to candidates for legislative or statewide of committees supporting or opposing statewide ballot measures. (Also complete Item 10,)		se candidates, or		0
 a. Contributions made directly by the employer, including thos b. If contributions were made by a political committee associat 			AC name below	-	0
(Information reported by the PAC on C-4 reports need not b			AC hame below.		0
 Name of PAC Independent expenditures supporting or opposing a candidate fo complete Item 11.) 	r legislative or statewide exec	utive office or a statewide	ballot measure.	(Also	0
 Expenditures to or on behalf of legislators, state officials, or their influencing, honoring or benefiting the legislator or official. (No 	r spouse, registered domestic ormal course of business payn	partner and dependents for nents are not reportable.) (r the purpose of Also complete It	2m 14.)	0
 Other lobbying-related expenditures, whether through or on behavior recipient, purpose and amount) Do not include payments account. 	alf of a registered lobbyist. A			-	0
		1	Fotal Lobbying	Expenses	\$ 24000
				2 thru 7)	
8. This report must be certified by the president, secretary-treasure	r or similar office of lobbying	employer,			
Certification: I certify that this report is true, complete and corr knowledge.		Signature of Employer (Date
			Acca	he-	1-25-2018
		asar	ALL CO		
Printed Name and Title of Officer. Carrie McCabe, VP Finance					

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Page 2			L3		
Employer's Name		Year	report covers:		
Northwest Kidney Centers		20	17		
 Entertainment, tickets, passes, travel expenses (including t employees and members of their immediate families. See 	ransportation, meals, lodging, etc.) instruction manual for details.) and enrollment or cou	rrse fees provided to legislators, state officials, state		
Name and Title		Cost or Value	Date and Description of Expense		
		\$			
Information continued on attached pages I0. Contributions (not reported by the lobbyist) totaling over 3	25 to a legislative or statewide exe	ecutive office candidat	e, a committee formed to support or oppose one of these		
candidates or a committee supporting or opposing a statev	vide ballot measure. Do not list en	ployer-affiliated PAC	contributions.		
Name of Recipient		Amount	Date (and, if In-Kind, Description)		
		\$			
 Information continued on attached pages Independent expenditures in support of or opposition to all 	o logiclative or statewide executiv	e office candidate or h) a statewide ballot proposition		
See instruction manual for definition of "independent	expenditure."	e office canalitate of o			
Candidate's Name, Office Sought & Ballot Proposition Number & Brief Do	Party or	Amount	Date and Description of Expense (Note if Support or Oppose)		
		\$			
Information continued on attached pages					
12. Compensation of \$2,400 or more during the preceding cal office and each member of their immediate family.	endar year for employment or prof	fessional services paid	to state elected officials, successful candidates for state		
Name	Relationship to Candidate or Elected Official if Member of Family	Amount (Code)**	Description of Consideration or Services Exchanged for Compensation		
Information continued on attached pages					
 Compensation of \$2,400 or more during the preceding ca in which state elected official, successful state candidate of 	endar year for professional service remember of their immediate fami	es paid to any corporati ity hold office partners	ion, partnership, joint venture, association or other entity ship, directorship or ownership interest of 10% or more.		
Firm Name	Person's Name	Amount (Code)**	Description of Consideration or Services Exchanged for Compensation		
Information continued on attached pages					
14. Any expenditure, not otherwise reported, made directly o made to honor, influence or benefit the person because of	r indirectly to a state elected officiation of the state	al, successful candidate	e for state office or member of their immediate family, if		
Name	···· · · · · · · · · · · · · · · · · ·	Amount	Date and Purpose		
		\$			
Information continued on attached pages					
**DOLLAR		**DOLI	.AR		
	DUNT		CODE AMOUNT		
A - \$1 to \$4,499 B - \$4,500 to \$23,999 C - \$24,000 to \$47,999		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

Year report covers:

2. Names of Registered Lobbyists	Col 1-Salary	Col 2-Other	Total Amount	
2. There of McBarrier Populate	\$	\$	\$	
	•			
		<u> </u>		
	······································			
			L.	
Total Fr	om This Page			
		<u>l</u>		

 9. Entertainment, etc.
 Cost or Value
 Date and Description of Expense

 \$
 \$

INFORMATION CONTINUED (Use this page if you need additional space for Items 10 or 11) Employer's Name

Year report covers:

З

0. Contributions			
Name of Recipient	Amount	Date (and, if In-Kind, Description)	
	\$		
'			
11. Independent expenditures			
11. Independent expenditures Candidate's Name, Office Sought & Party or Ballot Proposition Number & Brief Description	Amount	Date and Description of Expense (Note if Support or Oppose)	
 Independent expenditures Candidate's Name, Office Sought & Party or Ballot Proposition Number & Brief Description 		Date and Description of Expense (Note if Support or Oppose)	
 Independent expenditures Candidate's Name, Office Sought & Party or Ballot Proposition Number & Brief Description 	Amount	Date and Description of Expense (Note if Support or Oppose)	
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Candidate's Name, Office Sought & Party or Ballot Proposition Number & Brief Description			
Candidate's Name, Office Sought & Party or Ballot Proposition Number & Brief Description			
Candidate's Name, Office Sought & Party or Ballot Proposition Number & Brief Description			
Candidate's Name, Office Sought & Party or Ballot Proposition Number & Brief Description			

INFORMATION CONTINUED (Use this page if you need additional space for Items 12 thru 14) Employer's Name

Year report covers:

2. Compensation of \$2,400 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	
	· ·			
3. Compensation of \$2,400 or more for professional service: Firm Name	s Person's Name	Amount (Code)**	Description of Consideration or Services Exchanged fo Compensation	
	-			
4. Any expenditure not otherwise reported Name		Amount	Date and Purpose	
ivane	x	\$		
**DOLLAR CODE AMO	DUNT	**DOLL CODE	AR AMOUNT	
A - \$1 to \$4,4 B - \$4,500 to C - \$24,000 to	\$23,999	D - E -	\$48,000 to \$119,999 \$120,000 or more	