

Employer's Name
Northwest Kidney Centers

Year report covers:
2017

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 |
|----------------|---------------|---------------------------------|
| | \$ | |

Information continued on attached pages

10. Contributions (not reported by the lobbyist) totaling over \$25 to a legislative or statewide executive office candidate, a committee formed to support or oppose one of these candidates or a committee supporting or opposing a statewide ballot measure. Do not list employer-affiliated PAC contributions.

| Name of Recipient | Amount | Date (and, if In-Kind, Description) |
|-------------------|--------|-------------------------------------|
| | \$ | |

Information continued on attached pages

11. Independent expenditures in support of or opposition to a) a legislative or statewide executive office candidate or b) a statewide ballot proposition. See instruction manual for definition of "independent expenditure."

| 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 on attached pages

12. Compensation of \$2,400 or more during the preceding calendar year for employment or professional services paid to state elected officials, successful candidates for state office and each member of their immediate family.

| 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

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 | Amount (Code)** | Description of Consideration or Services Exchanged for 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 | Amount | Date and Purpose |
|------|--------|------------------|
| | \$ | |

Information continued on attached pages

****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

INFORMATION CONTINUED

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

L3

Employer's Name

Year report covers:

10. Contributions

Name of Recipient

Amount

Date (and, if In-Kind, Description)

\$

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)

\$

INFORMATION CONTINUED

L3

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

Employer's Name

Year report covers:

12. 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 |
|------|---|-----------------|---|
| | | | |

13. Compensation of \$2,400 or more for professional services

| Firm Name | Person's Name | Amount (Code)** | Description of Consideration or Services Exchanged for Compensation |
|-----------|---------------|-----------------|---|
| | | | |

14. Any expenditure not otherwise reported

| Name | Amount | Date and Purpose |
|------|--------|------------------|
| | \$ | |

****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