

**Employer's
Lobbying Expenses**

L3
1/15

THIS SPACE FOR OFFICE USE

DATE FILED PDC

FEB 15 2018

1. Employer's Name (Use complete company, association, union or entity name.)
 MCNA Dental

Attention (Identify person to whom inquiries about the information below should be directed; NOT the lobbyist.)
 Carlos Lacasa

Mailing Address Telephone
 200 W Cypress Creek Road Suite 500 (1800)4946262 ext163

City State Zip + 4 E-Mail Address Year Report Covers
 Fort Lauderdale FL 33309 clacasa@mcna.net 2017

THIS REPORT MUST BE FILED BY THE LAST DAY OF FEBRUARY. Include expenditures made and accrued during the previous 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.

Names of Registered Lobbyists (if payments were to lobbying firm, list firm name)	Col 1-Salary	Col 2-Other	Total Amount
	\$	\$	\$
Gano and Associates	78000.00	10000.00	88000.00
Total From Attached Page			
Total Expenses By or Through Lobbyists			\$ 88000.00

Information continued on attached pages

DO NOT INCLUDE EXPENDITURES ALREADY ACCOUNTED FOR IN ITEM 2 ABOVE when completing Items 3 through 7 below.

3. Other expenditures made by the employer for lobbying purposes. Show total expenditures made/accrued:

a. to vendors on behalf of or in support of registered lobbyists (e.g., entertainment credit card purchases); \$ 0

b. to or on behalf of expert witnesses or others retained to provide lobbying services who offer specialized knowledge or expertise that assists the employer's lobbying effort; 0

c. 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.) 0

d. for composing, designing, producing and distributing informational materials for use primarily to influence legislation; and 0

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). 0

4. 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.)

a. Contributions made directly by the employer, including those previously reported on PDC Form L-3c. 0

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.) 0

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.) 0

6. Expenditures to or on behalf of legislators, state officials, or their spouse, registered domestic partner and dependents for the purpose of influencing, honoring or benefiting the legislator or official. (Normal course of business payments are not reportable.) (Also complete Item 14.) 0

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

Total Lobbying Expenses \$ 88000.00
(Items 2 thru 7)

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 knowledge. *Carlos Lacasa, General Counsel* Signature of Employer Officer Date

Printed Name and Title of Officer:

Employer's Name

McDermott

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
None	\$	

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)
None	\$	

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)
None	\$	

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
None			

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
None			

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
None	\$	

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

L3

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

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

Washington Public Disclosure Commission

#31312

Ticket Details

Status	Priority	Source	Type
Open	Low	Outbound Email	Get help filing reports
Group	Agent	Requester name (Or Respondent)	Whose reports do you want?
Customer Service	Office Staff	MCNA Dental / MCNA Health Care Holdings LLC	When?
			Report
Are you a Lobbyist, Candidate, etc.	Which system?	Filing method	Legal Name
		Paper	Respondent name (the person's against whom the complaint is filed)
Sections of law violated	I certify (or declare) under penalty of perjury under the laws of the State of Washington that information provided with this complaint is true and correct to the best of my knowledge and belief.	In the description below I have described the allegations and attached any available evidence to support my complaint.	Date complaint perfected with oath requirement
	false	false	Complainant Analysis and Chronology of Review
		Status of Investigations	Political Category
		45-Day Due Date	Estimated Date of Completion
45 Day Acknowledgment	10 Day Notice	10 Day Acknowledgment	45 Day Notice
false	false	false	false
Group Enforcement	Publish to web	Response Posted To Web	Case Disposition Notice
			false
Complaint	Case	Complaint/Case	Results Posted To Web

to **Clacasa** on **Fri, 16 Feb at 11:15 AM** via **Outbound Email**

L3 Employer's Lobbying Expenses

MCNA Dental
200 W Cypress Creek Rd Ste 500
Fort Lauderdale, FL 33309

Good morning,

We recently received an L3, employer's lobbying expenses report from MCNA Dental (attached). Can you please verify if this L3 report postmarked February 15th 2018 is actually for "MCNA Health Care Holdings LLC"?

There was a previously submitted 2017 L3 report for MCNA health care holdings on January 22nd 2018, and the PDC has received the new L3 with the name MCNA Dental. Can you confirm if this is a name change, new registration, or a submitted report for health care holdings. Please reply to this email or call (360) 753-1111.

Thank you.



Ashley Miller
PDC Staff
360-753-1111
877-601-2828 toll free in WA State
pdc@pdc.wa.gov (mailto:pdc@pdc.wa.gov)

Comments

by **Clacasa** on **Fri, 16 Feb at 11:49 AM** as **Incoming email**

Good afternoon. The report was in fact filed on behalf of MCNA Health Care Holdings, LLC. I apologize for the error.

Sincerely,

Carlos A. Lacasa

Senior Vice President & General Counsel

MCNA Dental Plans

200 West Cypress Creek Road

Suite 500

Fort Lauderdale, Florida 33309

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Fax : (954) 628-3337

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What exactly is this "privacy" that we so worry about if not the preservation of the possibility of anonymity in most of what we do in order to remain truly in possession of ourselves? - Holman W. Jenkins Jr.