

**Employer's
Lobbying Expenses**

L3
1/15

THIS SPACE FOR OFFICE USE
 DATE FILED PDC
 FEB 18 2017
 Year Report Covers
 2016

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

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

Mailing Address: **2442 NW Market St. #559** Telephone: () -

City: **Seattle** State: **WA** Zip + 4: **98107** E-Mail Address:

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
Government Relations Services	\$ 36,000	\$	\$ 36,000
Total From Attached Page	36,000		
Total Expenses By or Through Lobbyists			\$ 36,000

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); \$ _____
- 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; _____
- 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.) _____
- d. for composing, designing, producing and distributing informational materials for use primarily 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 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. _____
- 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 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.) _____

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. Attached. **546.20**

Total Lobbying Expenses **\$ 546.20**
(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.
Mary Durkan, Treasurer

Signature of Employer Officer:  Date: **1/23/2017**

Printed Name and Title of Officer:

Employer's Name Action DD Year report covers: 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
<input type="checkbox"/> 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)
<input type="checkbox"/> 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)
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
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INFORMATION CONTINUED

L3

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

Employer's Name

Action DD

Year report covers:

2016

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 <i>Action DD</i>	Year report covers: <i>2016</i>
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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

Friends of Yakima Valley School

Rebecca E. Scholl, President
5910 West Lincoln Avenue #39
Yakima, WA 98908-4717
Home: (509) 966-0801

3 — my home address

Nov. 16, 2016

Dear Maureen,

You should be receiving in the next several days your copy of our Clinton DD fund raising for this fall.

Will you please reimburse me for the two costs:

Printing @ Classic — 360.00
tax 29.52

Postage —

156.68

389.52

156.68

\$546.20 total

pd 1/2
check
1050

I am attaching the original bills & picked up today.

Many thanks,
Becky Scholl

P.S. If you will take any of them w/ a food address:
1) Put 3 @ a time or copies
2) Send those notices back to me -
3) I'll update our mailing list.
Thanks,
Becky

United States Postal Service

filed to action D.O. 11-16-16

Postage Statement - Standard Mail

Post Office Note: Mail Arrival Date & Time (Do Not Round Stamp)

Mailer	Permit Holder's Name and Address and Email Address, if Any Classic Printing, Inc. Alice 104 S 5th Ave Yakima, WA 98902-3434	Telephone 509-452-1231	Name and Address of Mailing Agent (if other than permit holder)	Telephone	Name and Address of Mail Owner (if other than permit holder) Action DD Becky Scholl 2442 NW Market Street #559 Seattle, WA 98107-0000
	CAPS Cust. Ref. No. 2446360 CRID 2446360		CRID		CRID

Mailing	Post Office of Mailing Yakima, WA 98903-9998	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Catalogs <input type="checkbox"/> Flats <input type="checkbox"/> Marketing Parcels <input type="checkbox"/> Parcels - Machinable <input type="checkbox"/> Parcels - Irregular <input type="checkbox"/> CMM	Mailer's Mailing Date Nov 14, 2016	Federal Agency Cost Code	Statement Seq. No. 144854	No. and Type of Containers 0 Sacks 0 1 ft. Letter Trays 0 2 ft. Letter Trays 4 EMM Letter Trays 0 Flat Trays 0 Pallets 0 Other
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Permit # 1	For Mail Enclosed within Another Class <input type="checkbox"/> Periodicals <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail	SSF Transaction #	Weight of a Single Piece 0.0044 pounds	Combined Mailing <input type="checkbox"/> Mixed Class <input type="checkbox"/> Single Class

For Automation Pieces, Enter Date of Address Matching and Coding **11/14/2016** For Carrier Route Pieces, Enter Date of Address Matching and Coding **11/14/2016** For Carrier Route Price Pieces, Enter Date of Carrier Route Sequencing **05/26/2015** For Pieces Bearing a Simplified Address Enter Date of Delivery Statistics File or Alternative Method

Move Update Method: Ancillary Service Endorsement NCOA Link ACS Alternative Method Multiple OneCode ACS n/a Alternative Address Format

This is a Political Campaign Mailing Yes No This is Official Election Mail Yes No Letter-size or flat mailpiece contains DVD/CD or other disk.

Parts Completed (Select all that apply)	<input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> NSA
1	
2	Price at Which Postage Affixed (Check one). Complete if the mailing includes pieces bearing metered/PC Postage or precanceled stamps. <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither
3	Subtotal Postage (Add Parts Totals) \$156.68
4	Postage Affixed pcs. x \$ = Postage Affixed
5	Incentive/Discount Flat Dollar Amount: - Fee Flat Dollar Amount: +
	Net Postage Due (Line 1 +/- Lines 2, 3, 4) \$156.68

USPS Use	Additional Postage Payment (State reason)	Total Adjusted Postage Affixed
	Postmaster Report Total Postage in AIC 130 (Permit Imprint Only, Excluding Simplified Addressing (EDDM))	Total Adjusted Postage Permit Imprint
	Postmaster Report Total Postage in AIC 208 (Simplified Addressing (EDDM), Permit Imprint Only)	Total Adjusted Postage Simplified Addressing (EDDM)
	Incentive/Discount Claimed:	Type of Fee:

Certification
The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and the mailing qualifies for the prices and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation. I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Signature of Mailer or Agent: *A. Sharp* Printed Name of Mailer or Agent Signing Form: **Alice** Telephone: **509-452-1231**

USPS Use Only To be completed in non-Postal/One/ies	Weight of a Single Piece 0 pound	Are postage figures at left adjusted from mailer's entries? if yes, reason <input type="checkbox"/> Yes <input type="checkbox"/> No	USPS Use Only To be completed in non-Postal/One/ies		
	Total Pieces			Total Weight	
	Total Postage				
	Presort Verification Performed? (if required) <input type="checkbox"/> Yes <input type="checkbox"/> No (Check one) I CERTIFY that this mailing has been inspected for each item below if required: (1) eligibility for postage prices claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; (4) payment of annual fee; and (5) sufficient funds on deposit (if required)	Date Mailed/Notified		Contact	Round Stamp (Required) Payment Date
	USPS Employee's Signature	By: (Initials)		Time AM PM	
	Print USPS Employee's Name				

CLASSIC PRINTING & MAILING

Previous Inv.# _____

104 S. 5th Ave., Yakima, WA 98902 • (509) 452-1231 • FAX (509) 452-9481

Y
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INVOICE #: 161695
DATE: 11-14-16
PO.#:

NAME/ADDRESS: Yakima Valley School
"Action DD"

CONTACT: Deaky

PH: 960-0801 FAX:

TO POST OFFICE
DELIVER
WANTED BY:
TAKEN BY: *Deaky*
PROOFED BY:

QUANTITY	SIZE	DESCRIPTION	INK	CHARGES
			<input type="checkbox"/> METAL <input type="checkbox"/> PAPER <input type="checkbox"/> COPIER <input type="checkbox"/> CHANGES	
559	8 1/2 x 11	Action DD Letters White 60#	4/0	
559	#10	Reg White	Blk	
585				
559	6 3/4	Reg white	Blk	
585				
COLOR INK CHARGE				
COMP TIME:		TYPE BY:		
(415) (copies) SUBTOTAL:		(412) (press) SUBTOTAL:		
X	FOLD 1/3 1/2	<input type="checkbox"/> Type in <input type="checkbox"/> Type out		
COLLATE				
STAPLE				
TRIM				
DRILL				
PAD				
PERF / SCORE				
NUMBERING				
OTHER				
(413) SUBTOTAL:				
X	ADDRESS			
X	PREPARE FOR BULK MAIL			
X	METER/SEAL			
X	TAB			
X	INSTALL			
X	CERTIFY			
PURCHASE LIST				
X	INSERT	x2		
(414) SUBTOTAL:				

Postage \$156.68
#2980
MM

RESET PERMIT I
#9627
MM

SUBTOTAL	360.00
POSTAGE / SHIPPING	
SUBTOTAL	
TAX	29.52
DEPOSIT / DISCOUNT	
TOTAL	389.52

WHITE: OFFICE COPY YELLOW: PACKING SLIP

~ Thank you! ~

TERMS: NET DUE THE 10TH OF THE MONTH. AN INTEREST RATE OF 1.5% WILL BE CHARGED ON BALANCES OVER 30 DAYS.
Customer further agree that if the account is referred for collection, to pay collection fees not to exceed 35% of the commercial claim and attorney fees. The venue of any collection action based on this agreement shall lie in Yakima County, Washington.