## PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111

## Employer's Lobbying Expenses

L3

THIS SPACE FOR OFFICE USE

	OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828	Lobbying	g Exp	enses		DAT	E	FILED PDC	
1.	Employer's Name (Use complete company, association, union of	r entity name.)			1/15				
	Live Nation Northwest					ft	R	0 6 2018	
,	Attention (Identify person to whom inquiries about the information below should be directed; NOT the lobbyist.)					}		×	
	Glenda Manthie								
	Mailing Address	10 Sanda Mina Sanda Sand							
	100 South King Street, Suite 320			206 ) 802 -3135					
		Zip + 4	E-M			Year Report Covers			
		98104	com	Glenda.Manthie@LiveNation.			2017		
	HIS REPORT MUST BE FILED BY THE <u>LAST DAY OF FE</u> ashington State Legislature and/or any state agency. Complet	c an sections. Use "Bone" o	r "U" whe	n applicable.					
2.	Identify each of your lobbyists/lobbying firms below. In column (plus obligated) for other lobbying related expenses that were make it is a carrier to the c								
	Names of Registered Lobbyists (if payments were to lobbying firm, list firm name)   Col 1-Salary   Col 2-					Other	-Other   Total Amount		
CI	hristopher Marr	and the state of t			l .	499.86	\$	21,499.86	
				21,000,00	-	499.00	*	21,499.80	
					<del>                                     </del>				
		Total From Attached	d Page						
П	Information continued on attached pages			Total Eveness 1			4	21 400 86	
		CD COD IN DECREE 4 A COL		Total Expenses 1			\$	21,499.86	
	O NOT INCLUDE EXPENDITURES ALREADY ACCOUNTS				rough 7 belo	iv.			
,ı.	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	
	the employer's loodying entitt;	r on behalf of expert witnesses or others retained to provide lobbying services who offer specialized knowledge or expertise that as: employer's lobbying effort; entertainment, tickets, passes, travel expenses (e.g., transportation, meals, lodging, etc.) and enrollment or course fees provided to						0	
	legislators, state officials, state employees and members of the	-			0				
	e beautiful and an analysis in the state of							0	
	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.	olitical contributions to candidates for legislative or statewide executive office, committees supporting or opposing these candidates, or ommittees supporting or opposing statewide ballot measures. (Also complete Item 10.)					•			
	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. C. departs or serior and the pack of the PAC name below.							0	
	(Information reported by the PAC on C-4 reports need not be again included as part of this L-3 report.)  Name of PAC							0	
5.	Independent expenditures supporting or opposing a candidate for complete Item 11.)	legislative or statewide execu	utive office	or a statewide ballot	measure. (A	Also			
б.	6. Expenditures to or on behalf of legislators, state officials, or their spouse, projectional deposition and the state of							0	
7.	offuencing, honoring or benefiting the legislator or official. (Normal course of business payments are not reportable.) (Also complete item					1 14.)		0	
	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.					ale,		. 0	
				Total I	obbying Ex	penses	s	21,499.86	
8	report must be certified by the president, secretary-treasurer or similar office of lobbying employer.						<u> </u>		
Cer	rtification: I certify that this report is true, complete and corre	ect to the best of my		of Employer Officer	•			Date	
	THE THE PERSON OF THE PERSON O							2/5/18	
Prin	nted Name and Title of Officer: Veff Trisler, President								