DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 **OLYMPIA WA 98504-0908** (360) 753-1111

knowledge

Employer's **Lobbying Expenses**

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DATE FIL. MAR 02 2017

THIS SPACE FOR OFFICE USE

TOLL FREE 1-877-601-2	2828		1,02
1. Employer's Name (Use complete company, a	ssociation, union or entity name.)		
Washington East Asian Medicine Association			
Attention (Identify person to whom inquiries at	oout the information below should b	pe directed; NOT the lobbyist.)	
Curtis Eschels			
Mailing Address		Telephone	
145 Lilly Road, Ste 102		(360) 438 -226	80
City	State	Zip + 4	
Olympia	WA	98506	
THIS REPORT MUST BE FILED BY THE LAST	DAY OF FEBRUARY, Include e	xpenditures made and accrued	during the previ

ous calendar vear 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 lobbyings 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. Col 1-Salary Col 2-Other Total Amount Names of Registered Lobbylsts (if payments were to lobbying firm, list firm name) 36,000.00 536.22 36,536,22 Leslie K. Emerick **Total From Attached Page** 36.536.22 Total Expenses By or Through Lobbyists 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; 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.) Independent expenditures supporting or opposing a candidate for legislative or statewide executive office or a statewide ballot measure. (Also complete Item 11.) Expenditures to or on behalf of legislators, state officials, their spouses 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.) 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. 36,536.95 **Total Lobbying Expenses** (Items 2 thru 7) 8. This report must be certified by the president, secretary-treasurer or similar office of lobbying employer. Signature of Employer Officer Date Certification: I certify that this report is true, complete and correct to the best of my

