PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908

Employer's

THIS SPACE FOR OFFICE USE

(360) 753-	WA 98504-0908 1111 E 1-877-601-2828	Lobbying I	Expenses	L3 D.		ATE F	ILED PD
1 Employer's Name (Use complete c United Schools Insuranc		r entity name.)	nadera, militariam differente dimensa semanti na ca amenana, a la popular de calendare la calendare de la cale	1 1/13			4 4 0040
Attention (Identify person to whom		an balaw should be directed: M	T the lobbuiet \			LFR :	1 4 2018
Jenni Bates	induites noon me monimus	off pensa summing he effection! We	71 the topoyiat.)	•			
Mailing Address		MARKET MARKET TO THE STEEL	Telephone		1		
451 Diamond Drive			(509) 754 -2027				
City	Sinte	Zip + 4	E-Mail Address	Mariana and Marian	Year Report Covers		THE STATE OF THE
Ephrata	WA	98823	jbates@chooseclear.com 2017		2017	1	
THIS REPORT MUST BE FILED B Washington State Legislature and/or legislative cach of your lobbyists/lobi (plus obligated) for other lobbying legislative candidates, reimburseme through lobbyists in the space design	any state agency. Complete oying firms below. In column related expenses that were ma- ent for entertainment expenses	e all sections. Use "none" or "(n 1, show the full amount of sala ide by or through the lobbyist an	8" when applicable. iry or fee each corned for leading to the lobbyist	lobbying. In cu	lumn 2, show	the full a	amount paid
Names of Registered Lubbyists (i	f payments were to lobbying f	firm, list firm name)	Col 1-Salary	Col 1-Salary Col 2-C		Other Total Amount	
Capital Solutions, LLC			s 5000.0	1		5	5000.00
South Cove Strategies, LLC			2520.0				2520.00
An Addition Co., A Control Con		Total From Attached Pa	nge	***************************************			
Information continued on attached pages	:		Total Expense	es By or Throug	gh Lobbyists	\$	7520.00
DO <u>NOT</u> INCLUDE EXPENDITUR	ES ALREADY ACCOUNTS	ED FOR IN ITEM 2 ABOVE v	when completing Items 3	through 7 belo	ow.		······································
Other expenditures made by the em a. to vendors on behalf of or in su		Show total expenditures mad e.g., entertainment credit card pu		-	anurcipanisti nona dibbalada (de pe	\$	•
 to or on behalf of expert witnes the employer's lobbying effort; 		ide lobbying services who offer s	pecialized knowledge or c	expertise that as	saists .		
		portation, meals, lodging, etc.) a neir immediate families; (Also ec		es provided to	•		
d for composing, designing, prod	ucing and distributing informs	ational materials for use primaril	y 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).							
 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 13c. 							
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 supportin complete from 11.)	g or opposing a candidate for	legislative or statewide executiv	e office or a statewide bal	llot measure. (/	Atso		
 Expenditures to or on behalf of legi influencing, honoring or benefiting 					n 14.)	kay girilgi ay maa kika ah maan ay ma ayaala	
 Other lobbying-related expenditure- recipient, purpose and amount). De 			h list itemizing each exper	nse (i.e., show d	late,		
			Tota	al Lobbying E	xpenses	s	7520.00
0 71		and delice of the state of the	**	(Items 2	: thru 7)	***************************************	***************************************
 This report most be certified by the Certification: I certify that this repor 		······································	ployer. lignature of Employer Offi	lede		r	Date
knowledge.	Rrian Talbott — Chairma		DO)	alste	81		-18

Employer's Name	Year report covers:								
United Schools Insurance Program		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						
	-	•							
		Φ .	·						
☐ 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 statev Name of Recipient	wide ballot measure. Do not list em	ployer-affiliated PAC Amount							
Name of Recipient		Amount	Date (and, if In-Kind, Description)						
-		\$	•						
	* * *	موت و ه	en en seus en						
· ·			•						
Information continued on attached pages	1 11/	~ 111.							
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	Amount	Date and Description of Expense						
Ballot Proposition Number & Brief De	escription		(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	Amount (Code)**	Description of Consideration or Services Exchanged for						
Nume	Elected Official if Member of	rimount (code)	Compensation						
·	Family	ĺ							
			,						
☐ 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									
Name		Amount	Date and Purpose						
	,	\$							
☐ Information continued on attached pages									
**DOLLAR		**DOLL							
CODE AMO	CODE	AMOUNT							

A - \$1 to \$4,499 B - \$4,500 to \$23,999 C - \$24,000 to \$47,999

D - \$48,000 to \$119,999 E - \$120,000 or more