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

Employer's **Lobbying Expenses**

THIS SPACE FOR OFFICE USE

DATE FILED PDC

FEB 142018

Total Amount

CONTINUE ON REVERSE

30000.0

TOLL FREE 1-877-601-2828 Employer's Name (Use complete company, association, union or entity name.)

Non Profit Insurance Company

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

Sarah McDonnell

Mailing Address

Names of Registered Lobbyists (if payments were to lobbying firm, list firm name)

451 Diamond Drive City

Waypoint Consulting Group

State **Ephrata**

WA

Zip + 498823

E-Mail Address

Telephone

smcdonnell@choosecle ar.com

(509) 754 - 2027

Col 1-Salary

30000.00

Year Report Covers 2017

Col 2-Other

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 firmsbelow. 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 hat 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.

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,	Total From Attached P	age		-	, ·			
□ - I	☐ Information continued on attached pages Total Expenses By or Through Lobbyists				30000,00			
DO	NOT INCLUDE EXPENDITURES ALREADY ACCOUNTED FOR IN ITEM 2 ABOVE	when completing Items 3 thi	ough 7 below.		o or groupe on a case of the			
	a. to vendors on behalf of or in support of registered lobbyists (e.g., entertainment credit card purchases);							
· t	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	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.)							
C	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).							
	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.							
ł	o. If contributions were made by a political committee associated, affiliated or sponsored by the (Information reported by the PAC on C-4 reports need not be again included as part of this I		me below.					
	Name of PAC ndependent expenditures supporting or opposing a candidate for legislative or statewide execution template Item 11.)	ve office or a statewide ballot	measure. (Also					
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. Total Lobbying Expenses								
1		,	(Items 2 thru 7)	,				
	This report must be certified by the president, secretary-treasurer or similar office of lobbying er		 					
		Signature of Employer Officer Madelyr	. Date 2-12-18					
Print	ed Name and Title of Officer: Madelyn Carlson - Board Chair			Date of	N DEVEDEE			

Employer's Name			Year report covers:					
	Non Profit 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.		Date and Description of Frances				
	Name and Title		Cost or Value	Date and Description of Expense				
			\$					
☐ Information continued on attached pages								
10.	10. Contributions (not reported by the lobbyist) totaling over \$25 to a legislative or statewide executive office cardidate, a committee formed to support or oppose one of these							
	candidates or a committee supporting or opposing a statev	vide ballot measure. Do not list em						
	Name of Recipient		Amount	Date (and, if In-Kind, Description)				
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	Information continued on attached pages							
	Independent expenditures in support of or opposition to a)	a legislative or statewide executiv	e office cardidate or b) a statewide hallot proposition				
11.	See instruction manual for definition of "independent		c office candidate of a	y a state wide barrot proposition.				
	Candidate's Name, Office Sought &		Amount	Date and Description of Expense				
	Ballot Proposition Number & Brief Description		•	(Note if Support or Oppose)				
			\$					
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뷰	Information continued on attached pages Compensation of \$2,400 or more during the preceding cal	ander year for ampleyment or prof	conional compiese maid	to atota algotad officials avecassful annilidates for atota				
12.	office and each member of their immediate family.	endar year for employment or pro-	essional services pau	to state elected officials, successful candidates for state				
	Name	Relationship to Candidate or	Amount (Code)**	Description of Consideration or Services Exchanged for				
		Elected Official if Member of		Compensation				
		Family						
				· · · · · · · · · · · · · · · · · · ·				
	Information continued on attached pages							
13.	Compensation of \$2,400 or more during the preceding cal	endar year for professional service	s paid to any corporati	on, partnership, joint venture, association or other entity				
	in which state elected official, successful state candidate of Firm Name	or member of their immediate famili Person's Name	Amount (Code)**	hip, directorship or ownership interest of 10% or more. Description of Consideration or Services Exchanged for				
	Pittii Name	i cison s ivanic	Amount (Code)	Compensation				
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	Information continued on attached pages							
14.	Any expenditure, not otherwise reported, made directly or		l, successful candidate	e 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				
			\$					
		ν.						
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	Information continued on attached pages							
	**DOLLAR CODE AMO	**DOLL CODE						
	CODE TRIBUTA							

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