DISCLOSURE COMMISSION

Employer's Lobbying Expenses

THIS SPACE FOR OFFICE USE

(360) 753-1111	04 0000		1	1/09	_				
TOLL FREE 1-877-601-2828 Employer's Name (Use complete company, association, union or entity name.)			<u> </u>	- DATI	= FI	LED PDC			
Virginia Mason Medical Center									
Attention (Identify person to whom inquiries about the information below should be directed; NOT the lobbyist.)						MAR 0 1 2018			
Kathleen G. Paul					III	. •	. 20.0		
Mailing Address			Telephone						
Mail Stop GB-ADM, P.O. Box 9	00		(206) 341	-0439					
City State		Zip + 4	E-Mail Address	-Mail Address		Cove	rs		
Seattle WA		98111	kathleen.paul@	athleen.paul@		2017			
			virginiamason	on.org					
THIS REPORT MUST BE FILED BY THE L. Washington State Legislature and/or any state	AST DAY OF FE agency. Complet	BRUARY. Include expenditure te all sections. Use "none" or "0"	s made and accr when applicabl	ued during the	previous calendar	ear fo	r lobbying the		
 Identify each of your lobbyists/lobbying firms (plus obligated) for other lobbying related explegislative candidates, reimbursement for enter through lobbyists in the space designated. 	enses that were m	ade by or through the lobbyist and	reported by the le	obbyist on the	nonthly L-2 report (e	.g., co	ntributions to		
Names of Registered Lobbyists (if payments	es of Registered Lobbyists (if payments were to lobbying firm, list firm name) Col 1-Salary Col 2-Other		Col 2-Other	er Total Amount					
Ross C. Baker (employee)	, 0	,	\$	62,400	NONE	\$	62,400		
Lisa Thatcher (contract lobbyist)				12,000			12,000		
DANIELS-Brown Public Affairs (for Re	oman Dani	Brown, contract lobbyist)		16,500			16,500		
		Total From Attached Page	ge	None	None		-		
☐ Information continued on attached pages			Total I	Expenses By or	Through Lobbyists	\$	90,900		
DO NOT INCLUDE EXPENDITURES ALREA	ADY ACCOUNT	ED FOR IN ITEM 2 ABOVE w	hen completing l	tems 3 throug	h 7 below.		***************************************		
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);							None		
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; No									
 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.) 							None		
d. for composing, designing, producing and distributing informational materials for use primarily to influence legislation; and							None		
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.							None		
b. If contributions were made by a political committee associated, affiliated or sponsored by the employer, show the PAC name below.							TVOIC		
(Information reported by the PAC on C-4 reports need not be again included as part of this L-3 report.)									
Name of PAC			· ·		(11				
5. Independent expenditures supporting or opposing a candidate for legislative or statewide executive office or a statewide ballot measure. (Also complete Item 11.)							None		
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.)							None		
Other lobbying-related expenditures, whether recipient, purpose and amount). Do not include	, show date,		None						
*				Total Lobb	ying Expenses	\$	90,990		
					(Items 2 thru 7)				
8. This report must be certified by the president,	secretary-treasure	r or similar office of lobbying emp	loyer.						
Certification: I certify that this report is true, of knowledge.		28 /2018 K		Paul, Vi	of Officer: rginia Mason nmunications				

Signature of Employer Officer

Kathleen G. Paul, Virginia Mason Medical Center Vice President of Communications & Policy

INFORMATION CONTINUED

Page 2 of 2

(Use this page if you need additional space for Items 12 th	hru 14)		LV	rage z or z
Employer's Name	Year report covers:			
Virginia Mason Medical Center	2017			
12. Compensation of \$2,000 or more for employment, etc.				
Name	Relationship to Candidate or	Amount (Code)**	Description of Consider	ration or Services Exchanged for
ranc	Relationship to Candidate or Elected Official if Member of	Amount (Code)	Co	mpensation
	Family			•
-				
				4
				
	, ,			
13. Compensation of \$2,000 or more for professional services		-		
Firm Name	Person's Name	Amount (Code)**	Description of Consider	ration or Services Exchanged for
		` ,	Co	mpensation
		-		
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14. Any expenditure not otherwise reported				
Name		Amount	Date	and Purpose
		\$		
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				•

**DOLLAR CODE AMOUNT

A - \$1 to \$3,999 B - \$4,000 to \$19,999 C - \$20,000 to \$39,999

**DOLLAR
CODE AMOUNT

D - \$40,000 to \$99,999 E - \$100,000 or more