



PUBLIC DISCLOSURE COMMISSION
 711 CAPITOL WAY RM 206
 PO BOX 40908
 OLYMPIA WA 98504-0908
 (360) 753-1111
 TOLL FREE 1-877-601-2828

L2
1/02

PDC OFFICE USE

Lobbyist Monthly Expense Report

(as required by Chapter 397, 1995 Session Laws)

1. Lobbyist Name: **Evergreen Public Affairs**

Mailing Address: **349 Sixteenth Avenue**

City: **Seattle** State: **WA** Zip + 4: **98122-5614**

New Address? Yes No

2. This report is for the period **September 2019** (Month) (Year)

This report corrects or amends the report for (Month) (Year)

Business Telephone: **(206) 852-3616**

ALL COMPLETE THIS PART | **COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER**

Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Amount attributed to each employer		
			Employer No. 1 Column B	Employer No. 2 Column C	Employer No. 3 Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ 300.00		\$ 0.00	\$ 50.00	\$ 0.00
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)					
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ 300.00	\$ 0.00	\$ 0.00	\$ 50.00	\$ 0.00

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES

No. 1 (B) Nat'l Assoc. of Social Workers - WA Chapter (NASW-WA)

No. 2 (C) WA State Assoc. of Drug Court Professionals (WADCP)

No. 3 (D) WA Assoc. of Colleges for Teacher Education (WACTE)

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.

Subject Matter, Issue or Bill No. **Therapeutic Courts** Legislative Committee or State Agency Considering Matter **House Judiciary** Employer Represented **WADCP**

Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 100% State Agencies 0%.

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends: _____ Employer's name: _____

I understand that an L-2 report is required for any month or portion thereof in which I am a registered lobbyist. I also understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future. All registrations terminate automatically on the second Monday in January of each odd numbered year.

CERTIFICATION

I certify that this report is true and complete to the best of my knowledge.

LOBBYIST SIGNATURE: *Stacy Coey* DATE: **10/14/19**

CONTINUE ON REVERSE