

L2
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PDC OFFICE USE

Lobbyist Monthly Expense Report
(as required by chapter 397, 1995 Session Laws)

DATE FILED PDC
FEB 09 2017

1. Lobbyist Name Last **MURPHY** First **DEBORAH** Middle Initial **A**
Mailing Address **1495 WILMINGTON DRIVE, SUITE 340**

City **DUPONT** State **WA** Zip **98327** New Address? Yes No
2. This report is for the following period Month Year OR This report corrects or amends the report for 4 2016 Business Phone **253-964-8870**

ALL COMPLETE THIS PART COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER
Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period Amount attributed to each employer

Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expenses (Columns a+b+c+d)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer #1	Employer #2	Employer #3
			Identify by name below (11) Column B	Column C	Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	0		0		
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	0	0	0	0	0

11. EMPLOYERS' NAMES (from above)
No. 1 (Column B) **LEADINGAGE WA**
No. 2 (Column C)
No. 3 (Column D)

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.
Subject Matter, Issue or Bill No. **NURSING HOME BILL** Legislative Committee or State Agency Considering Matter Employer Represented

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

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 the 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.

Certified By:
Angie Napier

Date Filed
02/09/2017

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