

**L2**  
11/95

PDC OFFICE USE

DATE FILED PDC  
SEP 07 2017

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

1. Lobbyist Name  
**Pierce Consulting Services, LLC**

Mailing Address  
**P. O. Box 4410**

City **Tumwater** State **WA** Zip + 4 **98501**

New Address?  Yes  No

2. This report is for the period August 2017 This report corrects or amends the report for \_\_\_\_\_ (Month) \_\_\_\_\_ (Year)

Business Telephone  
**(360) 860-2729**

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 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	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)	\$ 34,425.00		\$ 3,000.00	\$ 2,500.00	\$ 1,812.06
4. PERSONAL EXPENSES for travel, food and refreshments	1,579.97	\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	250.00	250.00			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)	3,000.00				187.94
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ 39,254.07	\$ 250.00	\$ 3,000.00	\$ 2,500.00	\$ 2,000.00

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

11. EMPLOYERS' NAMES

No. 1 (B) The Everett Clinic

No. 2 (C) Bristol-Myers Squibb (BMS)

No. 3 (D) WA State Opportunity Scholarship (WSOS)

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

Subject Matter, Issue or Bill No.      Legislative Committee or State Agency Considering Matter      Employer Represented

Health Care, Fiscal, Bus&Con. Aff Fiscal, OFM, HCA      Everett

Health Care, Fiscal, Bus&Con. Aff Fiscal, DOR, OFM, Health Care      BMS

Higher Education, Education      Fiscal, OFM      WSOS

Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying:      the Legislature 80% State Agencies 20%.

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      DATE

*Cindi A*      *Cindi Holmstrom*      *8/9/17*

**L2**  
11/95

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

1. Lobbyist Name  
**Pierce Consulting Services, LLC**

Mailing Address  
**P. O. Box 4410**

City **Tumwater** State **WA** Zip + 4 **98501**

New Address?  Yes  No

2. This report is for the period August 2017 This report corrects or amends the report for \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) Business Telephone **(360) 870-2729**

**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 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	Employer No. <u>4</u>	Employer No. <u>5</u>	Employer No. <u>6</u>
			Column B	Column C	Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$		\$ 3,624.12	\$ 2,718.09	\$
4. PERSONAL EXPENSES for travel, food and refreshments		\$	38.03		
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)			375.88	281.91	
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$	\$	\$ 4,038.03	\$ 3,000.00	\$

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

11. EMPLOYERS' NAMES
- No. 4 (B) Microsoft Corporation
  - No. 5 (C) CNSI
  - No. \_\_\_ (D)

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.
- |   |   |                               |
|---|---|-------------------------------|
| <b>Subject Matter, Issue or Bill No.</b>                        | <b>Legislative Committee or State Agency Considering Matter</b> | <b>Employer Represented</b>   |
| Tech, Ed, Bus & Cons. Affairs<br>Bus & Cons Affairs, Fiscal, HC | Tech, Ed, Energy & Utilities, Labor<br>HCA, State Government    | Microsoft Corporation<br>CNSI |

Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 80% State Agencies 20%.

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 <i>Cindi Holmst</i>	DATE <i>9/7/17</i>
---	-----------------------

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

1. Lobbyist Name  
**Pierce Consulting Services, LLC**  
 Mailing Address  
**P. O. Box 4410**  
 City State Zip + 4  
**Tumwater WA 98501**  
 New Address?  Yes  No

2. This report is for the period August 2017  
 (Month) (Year)  
 This report corrects or amends the report for \_\_\_\_\_ (Month) \_\_\_\_\_ (Year)  
 Business Telephone  
**(360) 870-2729**

**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 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	Employer No. <u>7</u>	Employer No. <u>8</u>	Employer No. <u>9</u>
			Column B	Column C	Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$		\$ 3,624.12	\$ 2,718.09	\$ 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)			375.88	281.91	0.00
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$	\$	\$ 4,000.00	\$ 3,000.00	\$ 0.00

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

11. EMPLOYERS' NAMES  
 No. 7 (B) Vulcan, Inc.  
 No. 8 (C) Washington Dental Service Foundation (WDSF)  
 No. 9 (D) Washington Bankers Association

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.
- |                                   |  |                      |
|-----------------------------------|--|----------------------|
| Subject Matter, Issue or Bill No. | Legislative Committee or State Agency Considering Matter | Employer Represented |
| Fiscal, Land Use, Bus&ConAff.     | Fiscal, OFM, Transp,Energy&Utilities                     | Vulcan               |
| Fiscal, Health Care, Hum.Serv.    | Fiscal, Health Care, Human Services                      | WDS                  |
| Fiscal, Financial, Bus&ConAff.    | Fiscal, FII, DoR   | WBA                  |

Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 80% State Agencies 20%.

**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

DATE

*Cinda Admst*

9/2/17

CONTINUE ON NEXT PAGE

**L2**  
11/95

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

1. Lobbyist Name  
**Pierce Consulting Services, LLC**

Mailing Address  
**P. O. Box 4410**

City **Tumwater** State **WA** Zip + 4 **98501**

New Address?  Yes  No

2. This report is for the period August (Month) 2017 (Year) This report corrects or amends the report for \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) Business Telephone **(360) 870-2729**

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 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	Employer No. <u>10</u> Column B	Employer No. ____ Column C	Employer No. <u>12</u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$		\$ 1,812.06	\$	\$ 1,970.61
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)			187.94		204.39
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$	\$	\$ 2,000.00	\$	\$ 2,175.00

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

11. EMPLOYERS' NAMES  
 No. 10 (B) Washington Forest Protection Association (WFPA)  
 No. \_\_\_\_ (C)  
 No. 12 (D) Washington Roundtable

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

Subject Matter, Issue or Bill No.	Legislative Committee or State Agency Considering Matter	Employer Represented
Fiscal, NatRes, Bus&Cons.Aff.	Fiscal, Natural Resources, Environment	WFPA
Fiscal, Ed, Bus&Cons.Aff.	Fiscal, Education, DoR, OFM	Washington Roundtable

Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 80% State Agencies 20%.

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: *Cindi Holmstrom* DATE: 9/7/17

**L2**

11/95

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

1. Lobbyist Name  
**Pierce Consulting Services, LLC**

Mailing Address  
**P. O. Box 4410**

City **Tumwater** State **WA** Zip + 4 **98501**

New Address?  Yes  No

2. This report is for the period August (Month) 2017 (Year) This report corrects or amends the report for \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) Business Telephone **(360) 870-2729**

**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 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	Employer No. <u>13</u>	Employer No. <u>14</u>	Employer No. <u>15</u>
			Column B	Column C	Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$		\$ 2,491.58	\$ 2,718.09	\$ 3,624.12
4. PERSONAL EXPENSES for travel, food and refreshments		\$			1,541.94
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)			258.42	281.91	375.88
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$	\$	\$ 2,750.00	\$ 3,000.00	\$ 5,541.94

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

11. EMPLOYERS' NAMES  
 No. 13 (B) Washington Wholesale Druggists Association (WWDA)  
 No. 14 (C) Russell Investments  
 No. 15 (D) Comcast Cable Communications

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

Fiscal, Tax, Health Care, HumServ.      Fiscal, Tax, Health Care, Bus&Cons.Aff.      WWDA  
 Fiscal, StGovt, Bus&Cons.Aff.      Fiscal, DoR, OFM      Frank Russell Company  
 Telecom, Bus&Cons.Aff.      Telecom, Energy&Utilities, Fiscal      Comcast

Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying:      the Legislature 80%      State Agencies 20%.

**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

DATE

*Cindi Holmstr*

9/7/17

CONTINUE ON NEXT PAGE

**L2**  
11/95

**Lobbyist Monthly Expense Report**

(as required by Chapter 397, 1995 Session Laws)

1. Lobbyist Name  
**Pierce Consulting Services, LLC**  
 Mailing Address  
**P. O. Box 4410**  
 City  
**Tumwater** State  
**WA** Zip + 4  
**98501** New Address?  Yes  No

2. This report is for the period August 2017 This report corrects or amends the report for \_\_\_\_\_  
 (Month) (Year) (Month) (Year) Business Telephone  
**(360) 870-2729**

**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 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	Employer No. <u>16</u>	Employer No. ___	Employer No. ___
			Column B	Column C	Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$		\$ 1,812.06	\$	\$
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)			187.94		
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$	\$	\$ 2,000.00	\$	\$

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

11. EMPLOYERS' NAMES  
 No. 16 (B) WA Charters Action (WCA)  
 No. \_\_\_ (C)  
 No. 18 (D) Clark County High Technology & Community Council (HTC)

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing  
 Subject Matter, Issue or Bill No. Legislative Committee or State Agency Considering Matter Employer Represented  
**Fiscal, Education Higher Ed, Education, Fiscal WCA**

Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 80% State Agencies 20%.

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  
*Cindi Holmstrom*  
 DATE  
**9/7/17**

CONTINUE ON NEXT PAGE

Lobbyist Name

Pierce Consulting Services, LLC

Reporting Period

August (Month)

2017 (Year)

15. Itemize all of the following expenditures that were incurred by lobbyist or lobbyist employer(s) for legislators, state officials, state employees and members of their immediate families. Show the actual amount incurred for each individual or the amount fairly attributed to each.

- Entertainment expenditures exceeding \$25 per occasion (including lobbyist's expense) for meals, beverages, tickets, passes, or for other forms of entertainment.
- Travel, lodging and subsistence expenses in connection with a speech, presentation, appearance, trade mission, seminar or educational program.
- Enrollment and course fees in connection with a seminar or educational program.

Lobbyists must provide an elected official with a copy of the L-2 or Memo Report if the lobbyist reports: 1) spending on one occasion over \$50 for food or beverages for the official and/or his or her family member(s); or 2) providing travel, lodging, subsistence expenses or enrollment or course fees for the official and, if permitted, the official's family.

Date	Names of all Persons Entertained or Provided Travel, etc.	Description, Place, etc.	Sponsoring Employer	Amount
				\$
N/A	Total expenses itemized on attached Memo Reports			

Continued on attached pages.

16. If a monetary or in-kind contribution exceeding \$25 was given or transmitted by the lobbyist to any of the following, itemize the contribution below or on a Memo Report: local and state candidates or elected officials; local and state officers or employees; political committees supporting or opposing any candidate, elected official, officer or employee or any local or state ballot proposition. If a contribution exceeding \$25 was given to the following, itemize the contribution below: a caucus political committee; a political party; or a grass roots lobbying campaign.

Date	Name of Individual or Committee Receiving Contribution	Source of Contribution	Amount
8/28/17	Scott Lindsay	self - Cindi Holmstrom	\$ 250.00
N/A	Total contributions itemized on attached Memo Reports		

If contributions were made directly by a political action committee associated, affiliated or sponsored by your employer, show name of the PAC below. (Information reported by PAC on C-4 report need not be again included in this L-2 report.)

Continued on attached pages. PAC Name: \_\_\_\_\_

17. Expenditures for: a) political advertising supporting or opposing a state or local candidate or ballot measure; or b) public relations, telemarketing, polling or similar activities that directly or indirectly are lobbying-related must be itemized by amount, vendor or person receiving payment, and a brief description of the activity. Itemize each expenditure on an attached page that also shows lobbyist name and report date. Put the aggregate total of these expenditures on line 8.

18. Payments by the lobbyist for other lobbying expenses and services, including payments to subcontract lobbyists, expert witnesses and others retained to provide lobbying services or assistance in lobbying and payments for grass roots lobbying campaigns (except advertising/printing costs listed in Item 7).

Date	Recipient's Name and Address	Employer for Whom Expense was Incurred	Amount
8/5/17	Jessica Fortescue	3,4,5,7,8,10,12,13,14,15,16	\$ 3,000.00

Continued on attached page.