



PUBLIC DISCLOSURE COMMISSION
 711 CAPITOL WAY RM 206
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 (360) 753-1111
 TOLL FREE 1-877-601-2828

L2
1/02

PDC OFFICE USE

DATE FILED PDC

DEC 20 2018

Lobbyist Monthly Expense Report

(as required by Chapter 397, 1995 Session Laws)

1. Lobbyist Name Ross C. Baker			New Address? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Business Telephone prefer (206) 399-4481 (cell)
Mailing Address P.O. Box 900; MAILSTOP: D1-PR			
City Seattle	State WA	Zip + 4 98111	
2. This report is for the period 11 (Nov) 2018 (Month) (Year)		This report corrects or amends the report for _____ (Month) (Year)	

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	No. 2 Column C	Employer No. _____ Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ 5,300.00		\$ 5,300.00		
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	\$ 5,300.00	\$ None	\$ 5,300.00		

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

11. EMPLOYERS' NAMES
 No. **1** (B) Virginia Mason Medical Center
 No. ____ (C)
 No. ____ (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. **Legislative Committee or State Agency Considering Matter** Employer Represented
Health care, hospital, health Governor's Office Executive branch staff, Dept of Health Virginia Mason Medical Center
clinic issues, health care reform, House & Senate health care & finance committees members &
health insurance and medical research staff; Office of the Insurance Commissioner

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature **50%** State Agencies **50%**.

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.



Ross C Baker

LOBBYIST SIGNATURE

DATE **12/16/2018**