



PUBLIC DISCLOSURE COMMISSION
 711 CAPITOL WAY RM 206
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 TOLL FREE 1-877-601-2828

L2
1/15

PDC OFFICE USE

DATE FILED PDC
MAR 16 2019

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

1. Lobbyist Name
David Michener

Mailing Address
PO Box 12419

City **Olympia** State **WA** Zip + 4 **98508**

New Address? Yes No

2. This report is for the period (Month) (Year) This report corrects or amends the report for JAN (Month) 2019 (Year) Business Telephone (360) 956 -0909

| 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) | \$ | | \$ 2000.00 | \$ 1400.00 | \$ 1170.00 |
| 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 | \$ | \$ | \$ 2000.00 | \$ 1400.00 | \$ 1170.00 |

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

11. EMPLOYERS' NAMES

No. 1 (B) PeaceHealth

No. 1 (C) Valley Medical

No. 1 (D) Waste Management

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

Subject Matter, Issue or Bill No. **Health care system** Legislative Committee or State Agency Considering Matter **Health Care** Employer Represented **Refuse/Recycle**

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.

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

CERTIFICATION

LOBBYIST SIGNATURE *David Michener* DATE 3/14/19

CONTINUE ON REVERSE