



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

*Amended wrong
 March should be
 May 2019*

L2
 1/15

PDC OFFICE USE

DATE FILED PDC

JUN 13 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**
 2. This report is for the period: ~~June~~ **May** 2019 (Month) (Year)
 This report corrects or amends the report for: **May** 2019 (Month) (Year)
 New Address? Yes No
 Business Telephone: **(360) 956 -0909**

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)	\$		\$ 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**

3. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 80% State Agencies 20%.
 4. 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: *David Michener* DATE: **6/3/19**
 CONTINUE ON REVERSE