PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828

L2
1/02

PDC OFFICE USE

DATE FILED PDC
OCT 18 2016

# Lobbyist Monthly Expense Report

(as required by Chapter 397, 1995 Session Laws)

1. Lobbyist Name: Sybill Hyppolite

Mailing Address: 15 South Grady Way, Suite 200

City: Renton | State: WA | Zip + 4: 98057

New Address? ☐ Yes ☐ No

2. This report is for the period SEPTEMBER (Month) 2016 (Year)

This report corrects or amends the report for _____ (Month) _____ (Year)

Business Telephone: (425 ) - 917 1199

**ALL COMPLETE THIS PART** — Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period

**COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER** — 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. ___ Column B | Employer No. ___ Column C | Employer No. ___ Column D |
|---|---|---|---|---|---|
| 3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer) | $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 | $ | $ | $ | $ |

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

11. EMPLOYERS' NAMES
No. ___ (B)
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 |
|---|---|---|
| Healthcare | All | SEIU 1199 NW |

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature _____% 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 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: [signature] DATE: 9-10-2016