

L2
12/14

DATE FILED PDC

NOV 02 2016

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

1. Lobbyist Name
Darci Ladwig

Mailing Address
320 E. 2nd Ave.

City **Spokane** State **WA** Zip + 4 **99216**

New Address? Yes No

2. This report is for the period **10** (Month) **2016** (Year) This report corrects or amends the report for _____ (Month) _____ (Year)

Business Telephone
(509)789 -8327

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. _____ 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	\$ 0	\$ 0	\$ 0	\$ 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 _____

Continued on attached pages

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

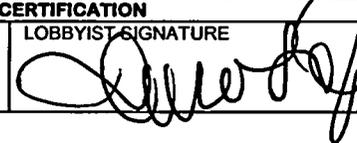
14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

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 

DATE **11/3/16**

CONTINUE ON REVERSE