



PUBLIC DISCLOSURE COMMISSION
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 (360) 753-1111
 TOLL FREE 1-877-601-2828

L2
 1/14

PDC OFFICE USE

DATE FILED PDC

NOV 14 2016

Lobbyist Monthly Expense Report

(as required by Chapter 397, 1995 Session Laws)

1. Lobbyist Name J. Pat Thompson
 Mailing Address PO Box 750
 City Everett State WA Zip +4 98206 New Address? Yes No
 2. This report is for the period (Month) _____ (Year) _____ This report corrects or amends the report for (Month) 10 (Year) 2016 Business Telephone (425) 307-8818

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)	\$ <u>71576</u>		\$	\$	\$
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	\$ <u>715.76</u>	\$	\$	\$	\$

(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. PSEERS
 Legislative Committee or State Agency Considering Matter DAS/SCAP

Employer Represented WSCCCE

Continued on attached pages

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.

LOBBYIST SIGNATURE

DATE

J. Pat Thompson

11/14/16
 CONTINUE ON REVERSE