

L2
1/02

DATE FILED PDC

DEC 17 2016

Lobbyist Monthly Expense Report

(as required by Chapter 397, 1995 Session Laws)

1. Lobbyist Name
Ross C. Baker

Mailing Address
P.O. Box 900; MAILSTOP: D1-PR

City **Seattle** State **WA** Zip + 4 **98111**

New Address? Yes No

2. This report is for the period **10 (Nov)** **2016** (Month) (Year)

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

Business Telephone
prefer (206) 399-4481 (cell)
(206) 550-1094 (other phone)

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	Amount attributed to each employer		
			Employer No. <u>1</u> Column B	No. <u>2</u> Column C	Employer No. _____ Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ 5,200.00		\$ 5,200.00	\$	\$
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	\$ 5,200.00	\$	\$ 5,200.00	\$	\$

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

11. EMPLOYERS' NAMES

No. 1 (B) Virginia Mason Medical Center

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

Health care, hospital, health **Governor's Office Executive branch staff, Dept of Health** Virginia Mason Medical Center
 clinic issues, health care reform, **House & Senate health care & finance committees: members &**
 health insurance and medical research **staff; Office of the Insurance Commissioner**

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.

Ross C Baker
LOBBYIST SIGNATURE

DATE **12/15/2016**