



PUBLIC DISCLOSURE COMMISSION
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 TOLL FREE 1-877-601-2828

L2
1/14

PDC OFFICE USE

DATE FILED PDC
APR 15 2017

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

1. Lobbyist Name
Michael Schutzler

Mailing Address
2200 Alaskan Way, Suite 390

City **Seattle** State **WA** Zip + 4 **98121** New Address? Yes No

2. This report is for the period **12** (Month) **2016** (Year) This report corrects or amends the report for (Month) (Year) Business Telephone **(206) 448 -3033**

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. ___ Column C	Employer No. ___ Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ 5,000		\$	\$	\$
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	\$ 5,000	\$	\$	\$	\$

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

11. EMPLOYERS' NAMES
 No. 1 (B) Washington Technology Industry Association (WTIA)
 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

working sessions on biometrics, non compete, state budget

Employer Represented
WTIA
WTIA

Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature **90** % State Agencies **10** %.

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.

I certify that this report is true and complete to the best of my knowledge.

CERTIFICATION

LOBBYIST SIGNATURE

DATE

Michael Schutzler

1/30/2017

CONTINUE ON REVERSE