

DATE FILED PDC
 AUG 15 2017

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

1. Lobbyist Name
 Evergreen Public Affairs

Mailing Address
 349 Sixteenth Avenue

City State Zip + 4
 Seattle WA 98122-5614

New Address? Yes No

2. This report is for the period July 2017
 (Month) (Year)

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

Business Telephone
 (206) 852-3616

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. 2 Column C	Employer No. 3 Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.00
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	\$ 0.00	\$	\$ 0.00	\$ 0.00	\$ 0.00

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

11. EMPLOYERS' NAMES
- No. 1 (B) WA Association of Criminal Defense Lawyers (WACDL)
 - No. 2 (C) WA Defender Association (WDA)
 - No. 3 (D) WA Assoc. of Colleges for Teacher Education (WACTE)

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 0% State Agencies 0%.

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: 8/14/17

CONTINUE ON REVERSE

Expense Category	Employer No. <u>4</u>	Employer No. <u>5</u>	Employer No. ___	Employer No. ___	Employer No. ___
	Column E	Column F	Column G	Column H	Column I
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ 0.00	\$ 0.00	\$	\$	\$
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	\$ 0.00	\$ 0.00	\$	\$	\$

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

11. EMPLOYERS' NAMES

- No. 4 (E) Nat'l Assoc. of Social Workers - WA Chapter (NASW-WA)
- No. 5 (F) WA State Assoc. of Drug Court Professionals (WADCP)
- No. ___ (G)
- No. ___ (H)
- No. ___ (I)

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