

DATE FILED PDC

NOV 01 2016

Johanna Lindsay
4726 50th Ave SW
Seattle, WA 98106

Public Disclosure Commission

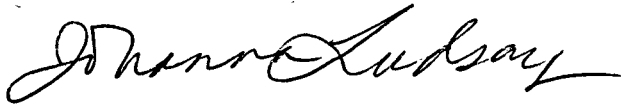
711 Capitol Way RM 206
PO Box 40908
Olympia, WA 98504-0908

October 31, 2016

RE: Lobbyist registration cancellation

Enclosed please find lobbying filings for September and October. I had intended to cancel my registration in September and just realized that I failed to do so. This should bring my reports current, and I would like to cancel my registration effective Oct. 31, 2016.

If there are any questions, or you need additional information from me, please let me know.



Johanna Lindsay
johannamlindsay@gmail.com
206-427-3642

L2
1/15

PDC OFFICE USE

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

1. Lobbyist Name
Johanna Lindsay

Mailing Address
c/o Arthritis Foundation 155 NE 100th St. #303

City **Seattle** State **WA** Zip + 4 **98125**

New Address? Yes No

2. This report is for the period October (Month) 2016 (Year) This report corrects or amends the report for ___ (Month) ___ (Year) Business Telephone (206) 427-3642

| 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 | Employer No. <u>1</u> | Employer No. ___ | Employer No. ___ |
| | | | Column B | Column C | Column D |
| 3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer) | \$0 | | \$0 | \$ | \$ |
| 4. PERSONAL EXPENSES for travel, food and refreshments | \$0 | \$ | 0 | | |
| 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 | \$ | \$ |

(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. **Medication costs to consumers** Legislative Committee or State Agency Considering Matter **Office of the Insurance Commissioner** Employer Represented **Arthritis Foundation**

Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature **20%** State Agencies **80%**

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

Date registration ends: **10/31/16** Employer's name: **Arthritis Foundation (lobbying for Arthritis Foundation ended 8/12/16)**

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 *Johanna Lindsay* DATE **10/31/16**

CONTINUE ON REVERSE