

L2
1/14

DATE FILLED PDC

NOV 08 2016

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 **9** **2016**
 (Month) (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

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. 1	Employer No. ___	Employer No. ___
			Column B	Column C	Column D
1. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$10,000		\$	\$	\$
2. PERSONAL EXPENSES for travel, food and refreshments		\$			
3. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
4. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)					
5. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
6. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
7. OTHER EXPENSES AND SERVICES (See #18)					
8. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$	\$	\$	\$	\$

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

1. EMPLOYERS' NAMES

No. 1 (B) **Washington Technology Industry Association (WTIA)**

No. ___ (C)

No. ___ (D)

2. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.

Subject Matter, Issue or Bill No. **Biometrics** Legislative Committee or State Agency Considering Matter **gender pay equity**

Noncompetes **Family leave** **Sick leave** **tax reform** **etc funding**

Employer Represented
WTIA
WTIA

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

4. 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

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

LOBBYIST SIGNATURE **Michael Schutzler** DATE **10/17/2016**

CONTINUE ON REVERSE