

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 **September 2016** (Month) (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. Legislative Committee or State Agency Considering Matter Employer Represented

Medication costs to consumers Office of the Insurance Commissioner 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.

CERTIFICATION

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

LOBBYIST SIGNATURE DATE

Johanna Lindsay 10/31/16

CONTINUE ON REVERSE