



PUBLIC DISCLOSURE COMMISSION
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 OLYMPIA WA 98504-0908
 (360) 753-1111
 TOLL FREE 1-877-601-2828

L2
 12/14

PDC OFFICE USE

DATE FILED PDC

FEB 21 2017

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

1. Lobbyist Name
Nick Federici

Mailing Address
2714 North Alder Street

City **Tacoma** State **WA** Zip + 4 **98407**

New Address? Yes No

2. This report is for the period (Month) (Year) This report corrects or amends the report for 5 (Month) 2016 (Year) Business Telephone **(360) 481 -1936**

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 2	Employer No 3
			Column B	Column C	Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$14600.00		\$ 4000.00	\$ 3000.00	\$ 100.00
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	\$ 14600.00	\$	\$ 4000.00	\$ 3000.00	\$ 100.00

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

11. EMPLOYERS' NAMES
- No. 1 (B) FAIRFAX HOSPITAL
 - No. 2 (C) PIONEER HUMAN SERVICES
 - No. 3 (D) RESPIRATORY CARE SOCIETY OF WA

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
	MENTAL HEALTH	1
	HUMAN SERVICES	2
	RESPIRATORY HEALTH	3

Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 100% State Agencies %.

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 <i>Nick Federici</i>	DATE 2/17/2017
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Mailing Address
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City **Tacoma** State **WA** Zip + 4 **98407**

2. This report is for the period (Month) _____ (Year) _____. This report corrects or amends the report for 5 (Month) _____ (Year) _____. New Address? Yes No

Business Telephone () - _____

ALL COMPLETE THIS PART Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period			COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER 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>4</u> Column B	Employer No. <u>5</u> Column C	Employer No. <u>6</u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$		\$ 2500.00	\$ 1250.00	\$ 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	\$	\$	\$ 2500.00	\$ 1250.00	\$ 0.00

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

11. EMPLOYERS' NAMES

No. 1 (B) SEIU

No. 2 (C) UNITED WAY OF KING CO

No. 3 (D) WA INFORMATION NETWORK 211

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
	LONG TERM CARE AND MINIMUM WAGE	4
	HUMAN SERVICES	5
	211 SYSTEM	6

Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 100% State Agencies _____ %.

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

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(as required by Chapter 397, 1995 Session Laws)

1. Lobbyist Name Nick Federici		
Mailing Address 2714 North Alder Street		
City Tacoma	State WA	
2. This report is for the period (Month) _____ (Year) _____		This report corrects or amends the report for 5 (Month) (Year) _____ New Address? <input type="checkbox"/> Yes <input type="checkbox"/> No Business Telephone () - _____

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>7</u> Column B	Employer No. 8 Column C	Employer No. 9 Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$		\$ 3750.00	\$ 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	\$	\$	\$ 3750.00	\$ 0.00	\$ 0.00

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

11. EMPLOYERS' NAMES
- No. 7 (B) WA LOW-INCOME HOUSING ALLIANCE
 - No. 8 (C) UNITED WAYS OF THE PACIFIC NORTHWEST

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.	Legislative Committee or State Agency Considering Matter	Employer Represented
Subject Matter, Issue or Bill No.	HOUSING AND HOMELESSNESS HUMAN SERVICES	7 8 9

Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 100% State Agencies _____%.

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CERTIFICATION	
I certify that this report is true and complete to the best of my knowledge.	LOBBYIST SIGNATURE <div style="text-align: center;"><i>Nick Federici</i></div> DATE _____