DATE FILED PDC

OCT 13 2016

October 13, 2016

Public Disclosure Commission
Removal of a client

Hello PDC,

Yesterday I learned (after receiving the new monthly reminder to file my L2) that I am still registered for the Washington Mental Health Counselors Association through my work with Melanie Stewart and Associates, LLC. Please remove that client from my list. Melanie no longer represents them, and as a result, neither do I.

Thank you for making this change.

Gail Toraason McGaffick, President for
Gail Toraason McGaffick, Inc.
mpwrmnt@outlook.com
360-754-7266

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828

L2
2/15

PDC OFFICE USE

DATE FILED PDC

OCT 13 2016

# Lobbyist Monthly Expense Report

(as required by Chapter 397, 1995 Session Laws)

1. Lobbyist Name: Gail Toraason McGaffick, Inc.

Mailing Address: P.O. Box 47

City: Olympia | State: WA | Zip + 4: 98507-0047

New Address? ☐ Yes x No

2. This report is for the period September (Month) 2016 (Year)

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

Business Telephone: (360) 754 -7266

| ALL COMPLETE THIS PART<br>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<br>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 Column B | Employer No. 2 Column C | Employer No. 3 Column D |
| 3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer) | $22,100.00 | [redacted] | $ 3,000.00 | $ 2,500.00 | $ 10,100.00 |
| 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 | $22,100.00 | | $ 3,000.00 | $ 2,500.00 | $ 10,100.00 |

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

11. EMPLOYERS' NAMES
No. 1 (B) Washington State Podiatric Medical Association
No. 2 (C) Yakima Valley Memorial Hospital
No. 3 (D) Melanie Stewart & Associates, LLC

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 |
|---|---|---|
| Please see attached list of issues | | |

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 30% State Agencies 70%.

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: Gail Toraason McGaffick

DATE: 10/13/16

CONTINUE ON REVERSE

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
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PDC OFFICE USE

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Mailing Address: P.O. Box 47

City: Olympia | State: WA | Zip + 4: 98507-0047

New Address? ☐ Yes x No

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Business Telephone: (360) 754 -7266

| ALL COMPLETE THIS PART<br>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<br>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. 4 Column B | Employer No. 5 Column C | Employer No. Column D |
| 3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer) | | | $ 4,000.00 | $ 2,500.00 | $ |
| 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 | $ | $ | $ 4,000.00 | $ 2,500.00 | $ |

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

11. EMPLOYERS' NAMES
No. 4 (B) Fresenius Medical Care North America
No. 5 (C) Spectrum Health Systems, Inc.
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 |
|---|---|---|
| Please see attached list of issues | | |

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 30% State Agencies 70%.

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

Date registration ends: Employer's name:

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CERTIFICATION

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

CONTINUE ON REVERSE

# L2

Lobbyist Name: Gail Toraason McGaffick, Inc.

Reporting Period: September 2016 (Month) (Year)

15. Itemize all of the following expenditures that were incurred by lobbyist or lobbyist employer(s) for legislators, state officials, state employees and members of their immediate families. **In the total amount column, show the total amount spent for each occasion including any staging costs, tax, and gratuity. Also show the actual amount spent entertaining each individual, as shown in the example.**
- Entertainment expenditures exceeding $50 per occasion (including lobbyist's expense) for meals, beverages, tickets, passes, or for other forms of entertainment.
- Receptions. See WAC 390-20-020A, L-2 Reporting Guide, to determine if per person cost is required.
- Travel, lodging and subsistence expenses in connection with a speech, presentation, appearance, trade mission, seminar or educational program.
- Enrollment and course fees in connection with a seminar or educational program.

Lobbyists must provide an elected official with a copy of the L-2 or Memo Report if the lobbyist reports: 1) spending on one occasion over $50 for food or beverages for the official and/or his or her family member(s); or 2) providing travel, lodging, subsistence expenses or enrollment or course fees for the official and, if permitted, the official's family.

| Date | Names of all Persons Entertained or Provided Travel, etc. Include actual amounts spent for entertainment | Description, Place, etc. | Sponsoring Employer | Total Amount |
|---|---|---|---|---|
| *mm/dd/year* | *Example: Sen Bow ($32), Rep Arrow ($28), and J. D. Lobbyist ($36) tax & gratuity ($25 41)* | *Dinner at Anthony's, Olympia* | *XYZ Corporation* | *$121.41* |
| | | | | $ |
| N/A | Total expenses itemized on attached Memo Reports → | | | |

☐ Continued on attached pages.

16. If a monetary or in-kind contribution exceeding $25 was given or transmitted by the lobbyist to any of the following, itemize the contribution below or on a Memo Report: local and state candidates or elected officials; local and state officers or employees; political committees supporting or opposing any candidate, elected official, officer or employee or any local or state ballot proposition. If a contribution exceeding $25 was given to the following, itemize the contribution below: a caucus political committee; a political party; or a grass roots lobbying campaign.

| Date | Name of Individual or Committee Receiving Contribution | Source of Contribution | Amount |
|---|---|---|---|
| N/A | Total contributions itemized on attached Memo Reports → | | |

If contributions were made directly by a political action committee associated, affiliated or sponsored by your employer, show name of the PAC below. (Information reported by PAC on C-4 report need not be again included in this L-2 report.)

x Continued on attached pages. PAC Name: PODPAC

17. Expenditures for: a) political advertising supporting or opposing a state or local candidate or ballot measure; or b) public relations, telemarketing, polling or similar activities that directly or indirectly are lobbying-related must be itemized by amount, vendor or person receiving payment, and a brief description of the activity. Itemize each expenditure on an attached page that also shows lobbyist name and report date. Put the aggregate total of these expenditures on line 8.

18. Payments by the lobbyist for other lobbying expenses and services, including payments to subcontract lobbyists, expert witnesses and others retained to provide lobbying services or assistance in lobbying and payments for grass roots lobbying campaigns (except advertising/printing costs listed in Item 7).

| Date | Recipient's Name and Address | Employer for Whom Expense was Incurred | Amount |
|---|---|---|---|
| | | | $ |

☐ Continued on attached page.

Gail Toraason McGaffick, Inc. (page 4 of 4)
#12—Subject Matter, September 2016

| ISSUES | AGENCY | CLIENT |
|---|---|---|
| DOC chemical dependency services | Legislature, DOC, OFM | 5 |
| Certificate of need rulemaking for dialysis facilities | DOH | 4 |
| Monitoring health care rulemaking | DOH, HCA | All |
| HB 1713, and HB 1916, integration of chemical dependency and mental health | DSHS | 5 |
| Podiatric Medical Board rulemaking | DOH | 1 |
| Massage rulemaking | DOH | 3 |
| Interim studies, health care | Health care committees | All |
| Interim studies, corrections | Public Safety, Law & Justice | 5 |
| PCI rulemaking | DOH | 2 |
| Prior authorization rulemaking | OIC | 1,2,3 |