

**L2**  
12/14

PDC OFFICE USE

DATE FILED PDC

FEB 10 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**

2. This report is for the period (Month) (Year) This report corrects or amends the report for (Month) (Year) **06 2016**

New Address?  Yes  No

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 Column B	Employer No. 2 Column C	Employer No. 3 Column D
	3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$18,100.00		\$ 4000.00	\$ 3000.00
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	\$ 18,100.00	\$	\$ 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
	Health	1
	Human Services	2
	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: *Nick Federici* DATE: 2/9/17

CONTINUE ON REVERSE

L2

12/14

## Lobbyist Monthly Expense Report

(as required by Chapter 397, 1995 Session Laws)

1. Lobbyist Name <b>Nick Federici</b>				New Address? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address <b>2714 North Alder Steet</b>				
City <b>Tacoma</b>	State <b>WA</b>	Zip + 4 <b>98407</b>		
2. This report is for the period (Month) _____ (Year) _____		This report corrects or amends the report for <b>06</b> (Month) <b>2016</b> (Year)		Business Telephone <b>(360 )481 -1936</b>

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>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	\$ 1000.00
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	\$ 1000.00

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

11. EMPLOYERS' NAMES
- No. 4 (B) SEIU 775
  - No. 5 (C) United Way King County
  - No. 6 (D) United Ways of the Pacific Northwest

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
	Labor	4
	Human Services	5
	Human Services	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)**

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.	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">LOBBYIST SIGNATURE</td> <td style="border: none;">DATE</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none; text-align: right;">2/9/2017</td> </tr> </table>	LOBBYIST SIGNATURE	DATE		2/9/2017
LOBBYIST SIGNATURE	DATE				
	2/9/2017				

**CONTINUE ON REVERSE**

