



**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**  
 1/25

PDC OFFICE USE

**DATE FILED PDC**

**DEC 11 2018**

**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  No

2. This report is for the period **October 2018** (Month) (Year)

This report corrects or amends the report for **October 2018** (Month) (Year)

Business Telephone  
**(360) 481-3818**

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)	\$11,717.00		\$ 3,000.00	\$ 2,500.00	\$ 3,000.00
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)	4,900 <i>of fee</i>		4,900 <i>of fee</i>		
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)	16,167 <i>of fee</i>		16,167 <i>of fee</i>		
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$11,717.00		\$ 3,000.00	\$ 2,500.00	\$ 3,000.00

(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, dba Virginia Mason Memorial
  - No. 3 (D) Fresenius Medical Care North America

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:

*Gail Toraason McGaffick* 12-13-18

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.

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

CERTIFICATION

LOBBYIST SIGNATURE

DATE

*Gail Toraason McGaffick*

11/11/18

CONTINUE ON REVERSE

L2  
1/15

## 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  No

2. This report is for the period **October 2018** (Month) (Year)

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

Business Telephone **(360) 754-7266**

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)			\$ 1,800.00	\$ 1,417.00	\$ 0
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	\$	\$	\$ 1,800.00	\$ 1,417.00	\$ 0

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

11. EMPLOYERS' NAMES
- No. 4 (B) Pierce County Alliance through Melanie Stewart & Associates, LLC
  - No. 5 (C) American Massage Therapy Association, Washington Chapter through Melanie Stewart & Associates, LLC
  - No. 6 (D) Virginia Mason Medical Center

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
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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

DATE

Lobbyist Name

Gail Torason McGaffick, Inc.

Reporting Period

October 2018  
(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 Example: Sen Bow (\$32), Rep Arrow (\$20), and J. D. Lobbyist (\$36) tax & gratuity (\$25.41)	Description, Place, etc.	Sponsoring Employer	Total Amount
mm/dd/year		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
	PLEASE SEE ATTACHED LIST		
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.)

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 5)  
 #16, PODPAC contributions

10/4/18	Friends of Chris Corry	PODPAC	\$ 200.00
10/4/18	Shelly for State	PODPAC	\$ 200.00
10/4/18	Committee to Elect Keith Goehner	PODPAC	\$ 200.00
10/4/18	Committee to Elect Jacquelin Maycumber	PODPAC	\$ 200.00
10/4/18	Elect Lauren Davis	PODPAC	\$ 200.00
10/4/18	People for Joe Schmick	PODPAC	\$ 200.00
10/4/18	Emily Randall for State Senate	PODPAC	\$ 200.00
10/4/18	Marko for Senate	PODPAC	\$ 200.00
10/4/18	Tharinger for State Representative	PODPAC	\$ 200.00
10/4/18	Friends of Laurie Jinkins	PODPAC	\$ 200.00
10/4/18	Friends of Karen Keiser	PODPAC	\$ 200.00
10/4/18	Committee to Elect Eileen Cody	PODPAC	\$ 200.00
10/4/18	Citizens for June Robinson	PODPAC	\$ 200.00
10/4/18	People for Pedersen	PODPAC	\$ 200.00
10/4/18	Friends of Frank Chopp	PODPAC	\$ 300.00
10/4/18	Friends of Nicole Macri	PODPAC	\$ 200.00
10/4/18	Committee to Elect Steve Hobbs	PODPAC	\$ 200.00
10/4/18	Re-Elect Pat Sullivan	PODPAC	\$ 200.00
10/4/18	Friends of Patty Kuderer	PODPAC	\$ 200.00
10/4/18	Friends of Vandana Slatter	PODPAC	\$ 200.00
10/4/18	Friends of Jeremie Dufault	PODPAC	\$ 200.00
10/4/18	Mark Miloscia Committee	PODPAC	\$ 200.00
10/4/18	Campaign to Elect Paul Harris	PODPAC	\$ 200.00
10/4/18	Michelle Downey Caldier for State Rep	PODPAC	\$ 200.00

Gail Toraason McGaffick, Inc. (page 5 of 5)  
#12—Subject Matter, October 2018

ISSUES	AGENCY	CLIENT
Monitoring health care rulemaking	DOH, HCA	All
Podiatric Medical Board rules	Podiatric Medical Board	1
Massage rulemaking	DOH, Massage Board	5
Opioid rulemaking	DOH, Podiatric Medical Board	1
DOH opioid education materials	DOH	1

**RECEIVED**

DEC 17 2018

Hello Public Disclosure Commission,

Public Disclosure Commission

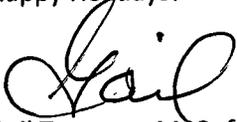
In preparing my L2 for November, I noticed that I had made a mistake in my October L2.

I failed to include the dollar amount of PODPAC contributions that I had mailed on page 1 of the L2.

Enclosed is a revised L2 for October.

My apologies for the mistake.

Happy Holidays!

A handwritten signature in cursive script that reads "Gail".

Gail Toraason McGaffick for  
Gail Toraason McGaffick, Inc.  
PO Box 47 Olympia, WA 98507  
[mpwrmnt@outlook.com](mailto:mpwrmnt@outlook.com)