

**L2**  
1/02

PDC OFFICE USE

DATE FILED

NOV 15 2016

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

1. Lobbyist Name Seth Dawson

Mailing Address Compass Health, 4526 Federal Ave. MS 30

City Everett State WA Zip +4 98203-8810 New Address?  Yes  No

2. This report is for the period 10 (Month) 2016 (Year) This report corrects or amends the report for \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) Business Telephone (425) 347 0322

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> Column B	Employer No. <u>2</u> Column C	Employer No. <u>3</u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ 10584		\$ 5059	\$ 2667	\$ 750
4. PERSONAL EXPENSES for travel, food and refreshments	0	\$ 0	0	0	0
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)	0	0	0	0	0
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	0	0	0	0	0
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE	0	0	0	0	0
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)	0	0	0	0	0
9. OTHER EXPENSES AND SERVICES (See #18)	0	0	0	0	0
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ 10584	\$ 0	\$ 5059	\$ 2667	\$ 750

11. EMPLOYERS' NAMES  
 No. 1 (B) Compass Health  
 No. 2 (C) WA St Community Action Partnership  
 No. 3 (D) WA Accn for Substance Abuse & Violence Prevention

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 \_\_\_\_\_

*Legislation on substance abuse prevention*

Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 0 % State Agencies 0 %

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

Date registration ends: \_\_\_\_\_ Employer's name: \_\_\_\_\_

*No lobbying this month*

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 Seth Dawson DATE 11-14-16

**L2**  
1/02

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

1. Lobbyist Name: Seth Dawson  
 Mailing Address: continued  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_  
 New Address?  Yes  No  
 2. This report is for the period (Month) \_\_\_\_\_ (Year) \_\_\_\_\_ This report corrects or amends the report for (Month) \_\_\_\_\_ (Year) \_\_\_\_\_  
 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>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)	\$ _____	\$ _____	\$ 333	\$ 500	\$ 292
4. PERSONAL EXPENSES for travel, food and refreshments	0	\$ _____	0	0	0
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)	0	_____	0	0	0
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	0	_____	0	0	0
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE	0	_____	0	0	0
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)	0	_____	0	0	0
9. OTHER EXPENSES AND SERVICES (See #18)	0	_____	0	0	0
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ _____	\$ _____	\$ 333	\$ 500	\$ 292

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

11. EMPLOYERS' NAMES  
 No. 4 (B) WA St Psychiatric Assoc.  
 No. 5 (C) National Alliance on mental illness  
 No. 6 (D) WA Assoc for children + Families

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.  
 Subject Matter, Issue or Bill No. Affordable housing + Senior human services  
 Legislative Committee or State Agency Considering Matter \_\_\_\_\_  
 Employer Represented #2

Continued on attached pages  
 13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature \_\_\_\_\_% 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 \_\_\_\_\_ DATE \_\_\_\_\_

**L2**  
1/02

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

1. Lobbyist Name Seth Dawson  
 Mailing Address Continued  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_  
 New Address?  Yes  No  
 2. This report is for the period \_\_\_\_\_ (Month) \_\_\_\_\_ (Year)  
 This report corrects or amends the report for \_\_\_\_\_ (Month) \_\_\_\_\_ (Year)  
 Business Telephone ( ) - -

ALL COMPLETE THIS PART			COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER		
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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> Column B	Employer No. <u>8</u> Column C	Employer No. _____ Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ _____	\$ _____	\$ 150	\$ 833	\$ _____
4. PERSONAL EXPENSES for travel, food and refreshments	\$ _____	\$ _____	0	0	_____
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)	_____	_____	0	0	_____
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	_____	_____	0	0	_____
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE	_____	_____	0	0	_____
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)	_____	_____	0	0	_____
9. OTHER EXPENSES AND SERVICES (See #18)	_____	_____	0	0	_____
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ _____	\$ _____	\$ 150	\$ 833	\$ _____

11. EMPLOYERS' NAMES  
 No. 1 (B) The Child Advocacy Centers of WA  
 No. 8 (C) Community Employment Alliance  
 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 \_\_\_\_\_

Continued on attached pages  
 13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature \_\_\_\_\_% State Agencies \_\_\_\_\_%  
 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 \_\_\_\_\_

Lobbyist Name

Reporting Period (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. Show the actual amount incurred for each individual or the amount fairly attributed to each.

- Entertainment expenditures exceeding \$25 per occasion (including lobbyist's expense) for meals, beverages, tickets, passes, or for other forms of entertainment.
• 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.

Table with 5 columns: Date, Names of all Persons Entertained or Provided Travel, etc., Description, Place, etc., Sponsoring Employer, Amount. Contains handwritten 'NA' and a total row.

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.

Table with 4 columns: Date, Name of Individual or Committee Receiving Contribution, Source of Contribution, Amount. Contains handwritten 'NA' and a total row.

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:

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.

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).

Table with 4 columns: Date, Recipient's Name and Address, Employer for Whom Expense was Incurred, Amount. Contains handwritten 'NA' and a total row.

Continued on attached page.