

Lobbyist Monthly Expense Report

(as required by chapter 397, 1995 Session Laws)

L2
1/15

7088564480
PDC OFFICE USE
DATE FILED PDC

FEB 28 2017
Amend

1. Lobbyist Name Last **EMERICK** First **LESLIE** Middle Initial **K**

Mailing Address 4022 RECHET CT SE

City **OLYMPIA**

State **WA**

Zip **98501**

New Address? Yes No

2. This report is for the following period

Month

Year

OR

This report corrects or amends the report for

1

2016

Month

Year

Business Phone
360-754-9479

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	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer #1	Employer #2	Employer #3
	All employers plus own expenses (All Columns Pages 1&2)		Identify by name below (11) Column B	Column C	Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	12700		0	3200	3000
4. PERSONAL EXPENSES for travel, food and refreshments				149.50	
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	12700	0	0	3200	3000

11. EMPLOYERS' NAMES (from above)

No. 1 (Column B) **ARNPS UNITED OF WA ST**

No. 2 (Column C) **HOME CARE ASSN OF WA**

No. 3 (Column D) **WA EAST ASIAN MEDICINE ASSN**

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

HOME CARE

HEALTH CARE COMMITTEES

HOME CARE ASSOCIATION OF WA

EAST ASIAN

HEALTH CARE COMMITTEES

WA EAST ASIAN MEDICINE ASSOCIA

13. Of the time spent lobbying, what percentage was devoted to lobbying :

Legislature 90 %

State Agencies 10 %

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 the 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.

Certified By:

Date Filed

CONTINUE ON NEXT PAGE

Lobbyist Employers Continued

Expense Category	Employer #4 Identify by name below (11) Column E	Employer #5 Column F	Employer #6 Column G	Employer #7 Column H	Employer #8 Column I
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	1500	3500	1500		
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	1500	3500	1500	0	0

11. EMPLOYERS' NAMES (from above)

No. 4 (Column E) WA HOME CARE ASSN

No. 5 (Column F) WA ST HOSPICE & PALLIATIVE CARE ORG

No. 6 (Column G) WA ST PSYCHOLOGICAL ASSN

No. 7 (Column H)

No. 8 (Column I)

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
No. 4 (column E) HOME CARE	HEALTH CARE COMMITTEES	WA HOME CARE ASSN
No. 5 (column F) HOSPICE	HEALTH CARE COMMITTEES	WA ST HOSPICE AND PALLIATIVE
No. 6 (column G) MENTAL HEA	HEALTH CARE COMMITTEES	WA ST PSYCHOLOGICAL ASSN
No. 7 (column H)		
No. 8 (column I)		

