



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
1/15

PDC OFFICE USE

DATE FILED PDC
MAR 13 2017

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**

2. This report is for the period **February 2017** (Month) (Year)

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

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

New Address? Yes No

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)	\$13,621.28		\$ 3,000.00	\$ 2,500.00	\$ 2,800.00
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	\$13,621.28		\$ 3,000.00	\$ 2,500.00	\$ 2,800.00

(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) 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 70% State Agencies 30%.

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

Date registration ends: February 26, 2017 Employer's name: Spectrum Health Systems, Inc.

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: 3/13/17

CONTINUE ON REVERSE



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(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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2. This report is for the period February 2017 (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. Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)			\$ 3,000.00	\$ 2,321.28	\$
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	\$	\$	\$ 3,000.00	\$ 2,321.28	\$

(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
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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 70% State Agencies 30%.

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
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CONTINUE ON REVERSE

Lobbyist Name

Gail Toraason McGaffick, Inc.

Reporting Period

February 2017
(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 mm/dd/year	Names of all Persons Entertained or Provided Travel, etc. Include actual amounts spent for entertainment <i>Example Sen Bow (\$32), Rep Arrow (\$28), and J. D. Lobbyist (\$36) tax & gratuity (\$25.41)</i>	Description, Place, etc. <i>Dinner at Anthony's, Olympia</i>	Sponsoring Employer <i>XYZ Corporation</i>	Total Amount \$ <i>\$121.41</i>
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.)

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, February 2017

ISSUES	AGENCY	CLIENT
Certificate of need rulemaking for dialysis facilities	DOH	4
Monitoring health care rulemaking	DOH, HCA	All
Massage rulemaking	DOH, Massage Board	3
PCI rulemaking	DOH	2
Prior authorization rulemaking	OIC	1,2,3
Health care legislation	Legislature	1,2,3,4
Taxes, B & O proposed increases	Legislature	1,2,3,4