



PUBLIC DISCLOSURE COMMISSION
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L2
1/02

PDC OFFICE USE

DATE FILED PDC

JUN 07 2017

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

1. Lobbyist Name
Lani Todd

Mailing Address
215 Columbia

City **Seattle** State **WA** Zip + 4 **98104**

New Address? Yes No

2. This report is for the period May (Month) 2017 (Year) This report corrects or amends the report for _____ (Month) _____ (Year) Business Telephone (206) 538 -5735

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	Amount attributed to each employer		
			Employer No. <u>1</u> Column B	Employer No. ____ Column C	Employer No. ____ Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ 9,022.93		\$ 9,022.93		
4. PERSONAL EXPENSES for travel, food and refreshments	0.00	\$	0.00		
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)	0.00		0.00		
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	0.00		0.00		
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE	0.00		0.00		
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)	0.00		0.00		
9. OTHER EXPENSES AND SERVICES (See #18)	0.00		0.00		
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ 9,022.93	\$ 0.00	\$ 9,022.93		

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

11. EMPLOYERS' NAMES
 No. 1 (B) SEIU 775 215 Columbia St., Seattle, WA 98104
 No. ____ (C)
 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 **SEIU 775**
LT Care worker
IP Contract

Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 90% 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 6/6/17

CONTINUE ON REVERSE

Lobbyist Name

Lani Todd

Reporting Period

May (Month)

2017 (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. Total expenses itemized on attached Memo Reports: N/A

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. Total contributions itemized on attached Memo Reports: N/A

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 SEIU 775 Quality Care Committee

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.

Continued on attached page.

INFORMATION CONTINUED

L2

(Use this page if you need additional space for Items 17 or 18)

Lobbyist Name

Lani Todd

Reporting
Period

May
(Month)

2017
(Year)

17. Date	Names of Vendor or Person Receiving Payment	Description, Place, etc.	Sponsoring Employer	Amount
				\$

18. Date	Recipient's Name and Address	Employer for Whom Expense was Incurred	Amount
			\$