

L2
12/14

DATE FILED PDC
JUN 15 2017

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

1. Lobbyist Name
Cascadia Law Group- Jay Manning

Mailing Address
606 Columbia Street NW, Suite 212

City **Olympia** State **Washington** Zip + 4 **98501**

2. This report is for the period **May** **2017** This report corrects or amends the report for _____ (Month) _____ (Year)

New Address? Yes No

Business Telephone
(360) 786 -5078

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)	\$3,162.50		\$3,162.50	\$	\$
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	\$3,162.50	\$	\$3,162.50	\$	\$

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

11. EMPLOYERS' NAMES
 No. 1 (B) Alcoa Corporation- Intalco Works
 No. 2 (C)
 No. 3 (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. **Funding for carbon reduction program** Legislative Committee or State Agency Considering Matter **Energy, Environment, Capital Budget** Employer Represented **Alcoa Corporation- Intalco Works**

Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the 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 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 *Jay Manning* DATE **6-15-2017**

Lobbyist Name

Cascadia Law Group- Jay Manning

Reporting

May

2017

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. When reporting a reception or similar event, show the amount fairly attributed to each individual.

- Entertainment expenditures exceeding \$50 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.

Date mm/dd/year	Names of all Persons Entertained or Provided Travel, etc. Include actual amounts spent for entertainment Example: Sen Bow (\$32), Rep Arrow (\$28), and J. D. Lobbyist (\$36) tax & gratuity (\$25.41)	Description, Place, etc.	Sponsoring Employer	Total Amount
	N/A	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
	N/A		\$
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: _____

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
	N/A		\$

Continued on attached page.

INFORMATION CONTINUED

(Use this page if you need additional space for Items 12, 15 or 16)

L2

Lobbyist Name

Cascadia Law Group- Jay Manning

Reporting
Period

May
(Month)

2017
(Year)

12. **Subject Matter, Issue or Bill No.** **Legislative Committee or State Agency Considering Matter** **Employer Represented**

15. Date	Names of all Persons Entertained or Provided Travel, etc.	Description, Place, etc.	Sponsoring Employer	Amount \$
16. Date	Name of Individual or Committee Receiving Contribution	Source of Contribution		Amount \$

INFORMATION CONTINUED

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

L2

Lobbyist Name

Cascadia Law Group- Jay Manning

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 \$

L2
12/14

DATE FILED PDC

JUN 15 2017

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

1. Lobbyist Name
Cascadia Law Group- Jessie Turner

Mailing Address
606 Columbia Street NW, Suite 212

City **Olympia** State **Washington** Zip + 4 **98501**

2. This report is for the period **May** (Month) **2017** (Year) This report corrects or amends the report for _____ (Month) _____ (Year)

New Address? Yes No

Business Telephone
(360) 786 -5044

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)	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.00
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	\$ 0.00	\$	\$	\$	\$

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

11. EMPLOYERS' NAMES

No. 1 (B) National Organization for Women - Washington Chapter

No. 2 (C) NW Community Land Trust Coalition

No. 3 (D) Evergreen Mountain Bike Alliance

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
Affordable homeownership Health Care; Human Services; Domestic Violence	Community Dev, Housing; Finance (SHB 1532) Health Care; Law and Justice; Appropriations	NW Community Land Trust Coalition National Organization for Women

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: _____

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CERTIFICATION

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

LOBBYIST SIGNATURE: *Jessie Turner* DATE: 6-15-2017

CONTINUE ON REVERSE

Lobbyist Name

Cascadia Law Group- Jessie Turner

Reporting

May

2017

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. When reporting a reception or similar event, show the amount fairly attributed to each individual.

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N/A	N/A	Dinner at Anthony's, Olympia	XYZ Corporation	\$121.41
N/A	Total expenses itemized on attached Memo Reports			

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Date	Name of Individual or Committee Receiving Contribution	Source of Contribution	Amount
N/A	N/A		\$
N/A	Total contributions itemized on attached Memo Reports		

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Date	Recipient's Name and Address	Employer for Whom Expense was Incurred	Amount
N/A	N/A		\$

Continued on attached page.

INFORMATION CONTINUED

(Use this page if you need additional space for Items 12, 15 or 16)

L2

Lobbyist Name

Cascadia Law Group- Jessie Turner

Reporting
Period

May
(Month)

2017
(Year)

12. Subject Matter, Issue or Bill No.	Legislative Committee or State Agency Considering Matter	Employer Represented
Outdoor Recreation Access to Public Lands	Capital Budget Committee	Evergreen Mountain Bike Alliance

**Note no paid lobbying work was done for any clients during May 2017

15. Date	Names of all Persons Entertained or Provided Travel, etc.	Description, Place, etc.	Sponsoring Employer	Amount
				\$

16. Date	Name of Individual or Committee Receiving Contribution	Source of Contribution	Amount
			\$

INFORMATION CONTINUED

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

L2

Lobbyist Name

Cascadia Law Group- Jessie Turner

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
			\$