

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

DATE FILED PDC

MAR 15 2012

1. Lobbyist Name
Melanie Stewart and Associates, Inc.

Mailing Address
6035 Troon Lane SE

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

New Address? Yes No

2. This report is for the period **February** **2012** (Month) (Year)

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

Business Telephone **(360) 556-8280**

| 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) | \$ 27,071.33 | | \$ 2288.00 | \$ 1500.00 | \$ 2000.00 |
| 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) | 4375.00 | 1875.00 | | | |
| 10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH | \$ 31,446.33 | \$ 1875.00 | \$ 2288.00 | \$ 1500.00 | \$ 2000.00 |

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

11. EMPLOYERS' NAMES
- No. 1(B) American Massage Therapy Association, Washington Chapter
 - No. 2(C) Corinthian Colleges, Inc.
 - No. 3(D) District and Municipal Court Judges Association

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 _____

SEE ATTACHED

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 February of each odd numbered year.

CERTIFICATION

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

LOBBYIST SIGNATURE _____ DATE **3/15/12**

Lobbyist Name

Melanie Stewart and Associates, Inc.

Reporting Period

February (Month)

2012 (Year)

MAR 15 2012

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.

| Date | Names of all Persons Entertained or Provided Travel, etc. | Description, Place, etc. | Sponsoring Employer | Amount \$ |
|------|---|--------------------------|---------------------|--------------|
| 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: _____

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 |
|----------|------------------------------|--|------------|
| 02/15/12 | Gail McGaffick | General duties | \$ 1500.00 |
| 02/15/12 | Gail McGaffick | Pierce County Alliance | 2500.00 |
| 02/15/12 | Nicole Williams | General Duties | 275.00 |

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
1/02

PDC OFFICE USE

DATE FILED PDC

MAR 15 2012

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

1. Lobbyist Name
Melanie Stewart and Associates, Inc.

Mailing Address
6035 Troon Lane SE

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

New Address? Yes No

2. This report is for the period **February** **2012**
(Month) (Year)

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

Business Telephone
(360) 556 -8280

| 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>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) | \$ | | \$ 1500.00 | \$ 2000.00 | \$ 7183.33 |
| 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 | \$ | \$ | \$ 1500.00 | \$ 2000.00 | \$ 7183.33 |

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

11. EMPLOYERS' NAMES
- No. 4 (B) NCDR, LLC dba Kool Smiles
 - No. 5 (C) Fresenius Medical Care NA, Pacific Northwest Region
 - No. 6 (D) Lilly USA 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

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 February of each odd numbered year.

CERTIFICATION

CONTINUE ON REVERSE



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
1/02

PDC OFFICE USE

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Lobbyist Monthly Expense Report

(as required by Chapter 397, 1995 Session Laws)

1. Lobbyist Name
Melanie Stewart and Associates, Inc.

Mailing Address
6035 Troon Lane SE

City **Tumwater** State **WA** Zip + 4 **98501**

New Address? Yes No

2. This report is for the period **February** **2012** (Month) (Year)

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

Business Telephone **(360) 556-8280**

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| | | | Column B | Column C | Column D |
| 3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer) | \$ | | \$ 5000.00 | \$ 1500.00 | \$ 1600.00 |
| 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) | | | 2500.00 | | |
| 10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH | \$ | \$ | \$ 7500.00 | \$ 1500.00 | \$ 1600.00 |

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

11. EMPLOYERS' NAMES
- No. 7 (B) Pierce County Alliance
 - No. 8 (C) WA Podiatric Medical Association
 - No. 9 (D) WA Mental Health Counselors Association

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

[Handwritten Signature] **3/15/12**

L2
1/02

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| | | | Column B | Column C | Column D |
| 3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer) | \$ | | \$ 2500.00 | \$ 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) | | | | | |
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| 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 | \$ | \$ | \$ 2500.00 | \$ 0.00 | \$ 0.00 |

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

11. EMPLOYERS' NAMES
 No. 10 (B) Yakima Valley Memorial Hospital
 No. 11 (C) Washington Route Operators
 No. 12 (D) MultiState Associates for Can Manufacturers Institute

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: 8/31/10 Employer's name: Washington Route Operators

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CERTIFICATION

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

LOBBYIST SIGNATURE  DATE **3/15/12**

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New Address? Yes No

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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>13</u> | Employer No. <u>14</u> | Employer No. <u>15</u> |
| | | | Column B | Column C | Column D |
| 3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer) | \$ | | \$ 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 | \$ 0.00 | \$ 0.00 |

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

11. EMPLOYERS' NAMES
 No. 13 (B) **Diageo**
 No. 14 (C)
 No. 15 (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: **8/31/10** Employer's name: **Washington Route Operators**

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 February of each odd numbered year.

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

LOBBYIST SIGNATURE _____ DATE _____

MAR 15 2012

Melanie Stewart and Associates, Inc.

Issues and Bills List, 2012 Session

Clients:

American Massage Therapy Association, Washington Chapter
NCDR. LLC dba Kool Smiles
Fresenius Medical Care NA, Pacific Northwest Region
Lilly USA, LLC
Pierce County Alliance
WA Mental Health Counselors Association
Yakima Valley Memorial Hospital
Washington Podiatric Medical Association

Issues:

Monitoring of health care rulemaking
Delivery of dental services to children
Health care budget
Sunrise review of medical assistants
Monitor implementation of 5801
Ambulatory surgical facilities, fees
Health care exchange
Medicare Secondary Payer Rule
and the Exchange

Agency:

DSHS, DOH, HCA
DSHS, HCA, DOH
Governor, Legislature
DOH
Labor & Industries
DOH, Legislature
HCA, OFM, OIC, Legislature
OIC, OFM, Legislature

Clients:

Corinthian Colleges, Inc.

Issues:

Monitoring of higher ed rulemaking
Career colleges and state need grant

Agency:

HEC Board, Workforce Board
Legislature

BILLS:

| | |
|--|------------------------|
| District and Municipal Judges Association | HB1552, HB2363, HB2465 |
| Lilly USA, LLC | SB5978, HB2741 |
| Yakima Valley Memorial Hospital | HB2056, HB2317 |
| Pierce County Alliance | SB6521 |
| Corinthian Colleges, Inc. | HB2483 |
| Washington Mental Health Counselors Assoc | SB6447 |
| American Massage Therapists Assoc, WA | SB6447, SB6103, SB6104 |
| Washington Podiatric Medical Association | SB6447 |
| Can Manufacturers Institute (MultiState Assoc) | SB6369 |
| Washington Route Operators | HB2762 |
| Diageo | HB2587 |

7:08 PM
03/11/12
Accrual Basis

Melanie Stewart and Associates, Inc.
Sales by Customer Detail
February 2012

DATE FILED PDC

MAR 15 2012

| Type | Date | Num | Amount |
|--|----------|------|-------------------|
| American Massage Therapy Association | | | |
| Invoice | 2/1/2012 | 3772 | -2,288.00 |
| Total American Massage Therapy Association | | | -2,288.00 |
| Corinthian Colleges, Inc. | | | |
| Invoice | 2/1/2012 | 3773 | -1,500.00 |
| Total Corinthian Colleges, Inc. | | | -1,500.00 |
| DMCJA | | | |
| Invoice | 2/1/2012 | 3774 | -2,000.00 |
| Total DMCJA | | | -2,000.00 |
| Eli Lilly and Co | | | |
| Invoice | 2/1/2012 | 3775 | -7,183.33 |
| Total Eli Lilly and Co | | | -7,183.33 |
| Fresenius Medical Care NA | | | |
| Invoice | 2/1/2012 | 3776 | -2,000.00 |
| Total Fresenius Medical Care NA | | | -2,000.00 |
| NCDR, LLC dba Kool Smiles | | | |
| Invoice | 2/1/2012 | 3777 | -1,500.00 |
| Total NCDR, LLC dba Kool Smiles | | | -1,500.00 |
| Pierce County Alliance | | | |
| Invoice | 2/1/2012 | 3778 | -5,000.00 |
| Total Pierce County Alliance | | | -5,000.00 |
| WA Mental Health Counselors Association | | | |
| Invoice | 2/1/2012 | 3779 | -1,600.00 |
| Total WA Mental Health Counselors Association | | | -1,600.00 |
| WA Podiatric Association | | | |
| Invoice | 2/1/2012 | 3780 | -1,500.00 |
| Total WA Podiatric Association | | | -1,500.00 |
| Yakima Valley Memorial Hospital | | | |
| Invoice | 2/1/2012 | 3781 | -2,500.00 |
| Total Yakima Valley Memorial Hospital | | | -2,500.00 |
| TOTAL | | | -27,071.33 |