

DATE FILED PDC

January 19, 2017

JAN 19 2017

Dear PDC,

Thank you for pointing out the missing information on my recently filed L-1.

This is the first time I have worked as a subcontractor so this type of filing was new to me.

In reviewing the originally filed document, I not only failed to list amounts by clients but also made an error in total compensation.

Attached is the amended L-1.

Thank you,

A handwritten signature in black ink that reads "Abby Moore". The signature is written in a cursive, slightly slanted style.

Abby Moore



PUBLIC DISCLOSURE COMMISSION
 711 CAPITOL WAY RM 206
 PO BOX 40908
 OLYMPIA WA 98504-0908
 (360) 763-1111
 TOLL FREE 1-877-601-2828

Amended
LOBBYIST REGISTRATION

THIS SPACE FOR OFFICE USE
L1
 (12/03)
DATE FILED PDC
JAN 13 2017

1. Lobbyist Name
Abby G. MOORE

Permanent Business Address
407 5th AVE W.

City State Zip
Kirkland WA 98033

E-Mail Address
Abby@AbbyMoorePA.COM

2. Temporary Thurston County address during legislative session

Employer's occupation, business or description of purpose of organization
DATE FILED PDC

3. Employer's name and address (person or group for which you lobby)
Duncan & Associates, Steve Duncan, 2621 2nd Ave Unit 1804 Seattle, WA 98121

Lobbyist
JAN 19 2017

4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports. (Person responsible for producing the annual L3 report)
Line 3 Steve@duncanlabs.com

5. What is your pay (compensation) for lobbying?
 \$ ~~9500.00~~ per Month
\$ 8500.00 (hour, day, month, year)
 Other: Explain:

Description of employment (check one or more boxes)
 Full time employee
 Part time or temporary employee
 Contractor, retainer or similar agreement
 Unsalaried officer or member of group
 Sole duty is lobbying
 Lobbying is only a part of other duties

6. Are you reimbursed for lobbying expenses? Explain which expenses.
 Yes: \$ _____ per _____
 Yes: I am reimbursed for expenses.
 No: I am not reimbursed for expenses.

Does employer pay any of your lobbying expenses directly?
 If yes, explain which ones.
No

7. How long do you expect to lobby for this organization?
 Permanent lobbyist
 Only during legislative session
 Other, Explain:

8. Is your employer a business or trade association or similar organization which lobbies on behalf of its members? If "yes," attach a list showing the name and address of each member who has paid the association fees, dues or other payments over \$500 during either of the past two years or is expected to pay over \$500 this year.
 No
 Yes. However, no member has paid, pays, or is expected to pay over \$500.
 Yes. The list is attached

9. Does your employer have a connected, related or closely affiliated political action committee which will provide funds for you to make political contributions including purchase tickets to fund raising events? If so, list the name of that political action committee.
 No
 Yes. Name of the committee is:

10. If lobbyist is a company, partnership or similar business entity which employs others to perform actual lobbying duties, list name of each person who will lobby. (See WAC 390-20-143 and 144 for instructions.)

11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:

CODE	SUBJECT	CODE	SUBJECT
01 <input type="checkbox"/>	Agriculture	09 <input type="checkbox"/>	Higher education
02 <input checked="" type="checkbox"/>	Business and consumer affairs	10 <input checked="" type="checkbox"/>	Human services
03 <input type="checkbox"/>	Constitutions and elections	11 <input type="checkbox"/>	Labor
04 <input type="checkbox"/>	Education	12 <input type="checkbox"/>	Law and justice
05 <input type="checkbox"/>	Energy and utilities	13 <input type="checkbox"/>	Local government
06 <input type="checkbox"/>	Environmental affairs - natural resources - parks	14 <input type="checkbox"/>	State government
07 <input type="checkbox"/>	Financial institutions and insurance	15 <input type="checkbox"/>	Transportation
08 <input checked="" type="checkbox"/>	Fiscal	16 <input type="checkbox"/>	Other - Specify:

Remarks:
Mastercard - 1000.00
ResCare - 2500.00
Seattle Children's Hospital - 4000.00
Ciox - 1000.00

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement.

12. LOBBYIST'S SIGNATURE DATE
Abby Moore 1-10-17
Abby Moore 1-19-17

EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described in this registration statement.

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE DATE
Steve Duncan 1-10-17

NOT VALID UNLESS SIGNED BY BOTH