P. 1



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TOLL FREE 1-877-601-2828

PDC FORM

L-5

(Rev 1/09)

## LOBBYING BY STATE AND LOCAL GOVERNMENT AGENCIES

2018-04-16

2584

Agency or Governmental Entity Name and Address	Date prepared		Report for calendar quarter ending
KING CO HOSP DIST 1 VALLEY	201	18-04-16	
400 S. 43RD ST.	County	/	MAR 2018
RENTON WA 98055	KII	1G	Month Year
PERSONS WHO LOB	BIED THIS QUARTER		
Name Job title	***************************************	Annual salary % of time spent lobbying	
			during quarter
Bill/WAC number General description of lobbying activities or objectives			
deneral description of lobbying activities of objectives			
Check if person spent more than \$15 of non-public funds in lobbying			1
Name Job title		Annual salary	% of time spent lobbying during quarter
			daring quartor
Bill/WAC number General description of lobbying activities or objectives			
Check if parent more than \$15 of non public funds in lebbuing			
Check if person spent more than \$15 of non-public funds in lobbying  Name  Job title	Job title		% of time spent lobbying
Trains out the		Annual salary	during quarter
Bill/WAC number General description of lobbying activities or objectives			
☐ Check if person spent more than \$15 of non-public funds in lobbying			
EXPENDITURES FOR LO	BBYING THIS QUART	ER	
Report only the separately identifiable and measu	able expenditures incurred for	r lobbying purpose	S
Salaries Of Persons Who Lobbied (Include only portion of quarterly salary attributable to lobbying)			\$0.00
Travel (Include food, lodging, per diem payments and cost of transportation used)			\$0.00
Brochures And Other Publications Whose Principal Purpose Is To Influence Legislation			\$0.00
Consultants Or Other Contractual Services			\$21,000.00
Total This Quarter			\$21,000.00
	Total To Date This	Year	\$0.00
CERTIFICATION: I certify that to the best of my knowledge the above is a Name of employee completing report			
true, complete and correct statement in accordance with RCW 42.17.190.	KATHY FEIST		
Signature of agency head	Work telephone Number	425-656-403	4
Signature of agency head DAVID E. SMITH	·	425-656-403 MITH@VALLEYN	

## **SERVICES ATTACHMENT** Report for calendar quarter ending Agency or Governmental Entity Name 2018 **Yea**r KING CO HOSP DIST 1 VALLEY MAR **Month** Date Name Amount \$7,000.00 2018-01-31 BOSWELL AND ASSOCIATES Purpose HEALTHCARE REFORM Name Amount 2018-02-28 BOSWELL AND ASSOC IATES \$7,000.00 Purpose HEALTHCARE REFORM Amount Date Name 2018-03-31 BOSWELL AND ASSOCIATES \$7,000.00 Purpose HEALTHCARE REFORM Date Name Amount Purpose Date Name Amount Purpose