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

2018-04-23

2606

Agency or Governmental Entity Name and Address	Date p	repared	Report for calendar quarter ending	
PORT OF BREMERTON 1	201	8-04-23	quarter enumg	
8850 SW STATE HIGHWAY 3	County		── MAR 2018	
BREMERTON WA 98312	KIT	SAP	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				
General description of lobbying activities of objectives				
Check if person spent more than \$15 of non-public funds in lobbying		T		
Name Job title		Annual salary	% of time spent lobbying during quarter	
			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 Annual		Appual aglant	0/ -f time	
Name Job title		Annual salary	% of time spent lobbying 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 LOBBYING THIS QUARTER				
Report only the separately identifiable and measurable expenditures incurred for lobbying purposes				
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				
Total This Quarter			\$6,000.00	
			\$6,000.00 \$6,000.00	
	Total To Date This \	/ear	\$6,000.00	
CERTIFICATION: I certify that to the best of my knowledge the above is a	Total To Date This \ Name of employee completing		\$6,000.00	
true, complete and correct statement in accordance			\$6,000.00	
true, complete and correct statement in accordance with RCW 42.17.190.	Name of employee completing KRISTINA HEDRICK	ng report	\$6,000.00	
true, complete and correct statement in accordance with RCW 42.17.190. Signature of agency head	Name of employee completing KRISTINA HEDRICK		\$6,000.00	
true, complete and correct statement in accordance with RCW 42.17.190.	Name of employee completing KRISTINA HEDRICK Work telephone Number	ng report	\$6,000.00	

			L-5 P. 2
	ATTACHMENT		
Agency or Governmer	ntal Entity Name		alendar quarter ending
PORT OF BREME		MAR 2 Month Ye	018 ear
Date 2018-03-31	Name DOTY & ASSOCIATES		Amount \$6,000.00
Purpose SERVICE	S AND EXPENSES		
Date	Name		Amount
Purpose			
Date	Name		Amount
Purpose			
Date	Name		Amount
Purpose			
Date	Name		Amount
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