


PUBLIC DISCLOSURE COMMISSION  711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828	PDC FORM L-5 <small>(Rev 1/09)</small>	P. 1 LOBBYING BY STATE AND LOCAL GOVERNMENT AGENCIES	
2018-07-13 2718			
Agency or Governmental Entity Name and Address TACOMA-PIERCE COUNTY HEALTH DEPARTMENT 3629 SOUTH D STREET, MAILSTOP 1001 TACOMA WA 98418	Date prepared 2018-07-13 <hr/> County PIERCE	Report for calendar quarter ending JUN 2018 Month Year	
PERSONS WHO LOBBIED THIS QUARTER			
Name	Job title	Annual salary	% of time spent lobbying during quarter
Bill/WAC number General description of lobbying activities or objectives <input type="checkbox"/> Check if person spent more than \$15 of non-public funds in lobbying			
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Bill/WAC number General description of lobbying activities or objectives <input type="checkbox"/> Check if person spent more than \$15 of non-public funds in lobbying			
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Bill/WAC number General description of lobbying activities or objectives <input type="checkbox"/> Check if person spent more than \$15 of non-public funds in lobbying			
EXPENDITURES FOR LOBBYING THIS QUARTER <small>Report only the separately identifiable and measurable expenditures incurred for lobbying purposes</small>			
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			\$4,500.00
Total This Quarter			\$4,500.00
Total To Date This Year			\$0.00
CERTIFICATION: I certify that to the best of my knowledge the above is a true, complete and correct statement in accordance with RCW 42.17.190.		Name of employee completing report PATRICIA DARDEN	
Signature of agency head ANTHONY L-T CHEN, MD, MPH		Work telephone Number 253-798-2899 Work E-mail PDARDEN@TPCHD.ORG	

SERVICES ATTACHMENT**L-5**

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Agency or Governmental Entity Name

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

Report for calendar quarter ending

JUN 2018
Month Year

Date	Name	Amount
2018-06-30	BRYNN BRADY	\$1,000.00

Purpose MONITOR, ADVOCATE, COORDINATE, MEETINGS, APPOINTMENTS

Date	Name	Amount
2018-05-31	BRYNN BRADY	\$1,000.00

Purpose MONITOR, ADVOCATE, COORDINATE, MEETINGS, APPOINTMENTS

Date	Name	Amount
2018-04-30	BRYNN BRADY	\$2,500.00

Purpose MONITOR, ADVOCATE, COORDINATE, MEETINGS, APPOINTMENTS

Date	Name	Amount
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Purpose

Date	Name	Amount
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Purpose