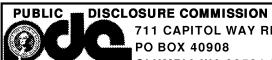
P. 1



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

(Rev 1/09)

LOBBYING BY STATE AND LOCAL GOVERNMENT AGENCIES

2018-07-13

2718

Agency or Governmental Entity Name and Address	Date pr	repared	Report for calendar quarter ending
TACOMA-PIERCE COUNTY HEALTH DEPARTMENT	201	8-07-13	
3629 SOUTH D STREET, MAILSTOP 1001	County	,	JUN 2018
TACOMA WA 98418	PIE	RCE	Month Year
PERSONS WHO LOBBIED THIS QUARTER			
me Job title		Annual salary	% of time spent lobbying
			during quarter
Bill/WAC number General description of lobbying activities or objectives			
Billi WAG Humber General description of lobbying activities of objectives			
Check if person spent more than \$15 of non-public funds in lobbying		T	Τ
Name Job title	1	Annual salary	% of time spent lobbying during quarter
			garring quarter
Bill/WAC number General description of lobbying activities or objectives			
Check if person spent more than \$15 of non-public funds in lobbying Name Job title		Appual calans	0/ -11
Name 300 title	!	Annual salary	% of time spent lobbying during quarter
			J .
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			\$4,500.00
Total This Quarter			\$4,500.00
Total To Date This Year		/ear	\$0.00
CERTIFICATION: I certify that to the best of my knowledge the above is a	Name of employee completing	ng report	
true, complete and correct statement in accordance with RCW 42.17.190.	PATRICIA DARDEN		
Signature of agency head	Work telephone Number 253-798-2899		
ANTHONY L-T CHEN, MD, MPH	Work E-mail PDARDEN®	TPCHD.ORG	
	1		

SERVICES ATTACHMENT Report for calendar quarter ending Agency or Governmental Entity Name 2018 **Yea**r TACOMA-PIERCE COUNTY HEALTH DEPARTMENT Month Date Name Amount 2018-06-30 BRYNN BRADY \$1,000.00 Purpose MONITOR, ADVOCATE, COORDINATE, MEETINGS, APPOINTMENTS 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 Purpose Date Name Amount Purpose