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DISCLOSURE COMMISSION

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(Rev 1/09)

LOBBYING BY STATE AND LOCAL GOVERNMENT AGENCIES

2018-07-30

Work E-mail TAMARRA.PARADEE@HCA.WA.GOV

2758 Agency or Governmental Entity Name and Address Date prepared Report for calendar quarter ending HEALTH CARE AUTHORITY 2018-07-30 County PO BOX 45502 JIIIN. 2018 Month Year OLYMPIA WA 98504-5502 THURSTON PERSONS WHO LOBBIED THIS QUARTER Name Job title Annual salary % of time spent lobbying during quarter BARBARA SCOTT ERB POLICY AND RULES MANAGER 100,704.0 0.19% Bill/WAC number General description of lobbying activities or objectives TESTIFIED AT SELECT COMMITTED ON PENSION POLICY ABOUT POSSIBLE LEGISLATIVE N/A AGENDA TOPIC TO CHANGE THE PENSION PAYMENT FOR THE MONTH A MEMBER DIES. THIS ☐ Check if person spent more than \$15 of non-public funds in lobbying % of time spent lobbying Name Job title Annual salary during quarter SUE BIRCH AGENCY DIRECTOR 169,332.0 0.38% Bill/WAC number General description of lobbying activities or objectives BRAINSTORMING SESSION WITH SEN ANN RIVERS. OTHE N/A BRAINSTORMING SESSION WITH REP RUTH KAGI. OTHE N/A ☐ Check if person spent more than \$15 of non-public funds in lobbying Name Annual salary % of time spent lobbying during quarter SHAWN O'NEILL LEGISLITIVE RELATIONS \$88,452,00 0.38% MANAGER Bill/WAC number General description of lobbying activities or objectives OTHE AGENCY BUSINESS DISCUSSION WITH REP. SCHMICK. N/A OTHE DISCUSSED MEDICAID DISPARITIES WITH REP. JINKINS. N/A ☐ 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 \$296.28 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** \$296.28 **Total This Quarter** \$0.00 **Total To Date This Year 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 LUCY CROW with RCW 42.17.190. Signature of agency head Work telephone Number 360-725-1040 SUE BIRCH