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** (Rev 1/09)

LOBBYING BY STATE AND LOCAL GOVERNMENT AGENCIES

2018-10-15

2822

Agency or Governmental Entity Name and Address	Date prepared	Report for calendar quarter ending
TACOMA-PIERCE COUNTY HEALTH DEPARTMENT 3629 SOUTH D STREET, MAILSTOP 1001 TACOMA WA 98418	2018-10-15 County: PIERCE	SEP 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

☐ Check if person spent more than $15 of non-public funds in lobbying

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

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	$3,000.00
Total This Quarter	$3,000.00
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 P. 2

Agency or Governmental Entity Name

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

Report for calendar quarter ending

SEP 2018
Month Year

Date	Name	Amount
2018-07-31	BRYNN BRADY	$1,000.00

Purpose MONITOR, ADVOCATE, COORDINATE, MEETINGS WITH STAFF, SECURE APPOINTMENTS

Date	Name	Amount
2018-08-31	BRYNN BRADY	$1,000.00

Purpose MONITOR, ADVOCATE, COORDINATE, MEETINGS WITH STAFF, SECURE APPOINTMENTS

Date	Name	Amount
2018-09-30	BRYNN BRADY	$1,000.00

Purpose MONITOR, ADVOCATE, COORDINATE, MEETINGS WITH STAFF, SECURE APPOINTMENTS

Date	Name	Amount

Purpose

Date	Name	Amount

Purpose

Date	Name	Amount

Purpose

Date	Name	Amount

Purpose

Date	Name	Amount

Purpose

Date	Name	Amount

Purpose

Date	Name	Amount

Purpose

Date	Name	Amount

Purpose

Date	Name	Amount

Purpose