


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	
2018-10-25 2843			
Agency or Governmental Entity Name and Address PORT OF BREMERTON 1 8850 SW STATE HIGHWAY 3 BREMERTON WA 98312	Date prepared 2018-10-25 <hr/> County KITSAP	Report for calendar quarter ending 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <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			\$6,000.00
Total This Quarter			\$6,000.00
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 KRISTINA HEDRICK	
Signature of agency head SHERMAN HU		Work telephone Number 360-674-2381 Work E-mail AP@PORTOFBREMERTON.ORG	

SERVICES ATTACHMENT

L-5

P. 2

Agency or Governmental Entity Name

PORT OF BREMERTON 1

Report for calendar quarter ending

SEP 2018
Month Year

Date	Name	Amount
2018-09-30	DOTY & ASSOCIATES	\$6,000.00

Purpose SERVICES AND EXPENSES

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

Date	Name	Amount
------	------	--------

Purpose

Date	Name	Amount
------	------	--------

Purpose