

<b>PUBLIC DISCLOSURE COMMISSION</b>  711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828	PDC FORM <b>L-5</b> <small>(Rev 1/09)</small>	P. 1  <b>LOBBYING BY STATE AND LOCAL GOVERNMENT AGENCIES</b>	
2018-10-25  2844			
Agency or Governmental Entity Name and Address  PORT OF BELLINGHAM 1801 ROEDER AVE BELLINGHAM WA 98227-1677	Date prepared 2018-10-25  County WHATCOM	Report for calendar quarter ending  SEP 2018 Month Year	
<b>PERSONS WHO LOBBIED THIS QUARTER</b>			
Name ROB FIX	Job title EXECUTIVE DIRECTOR	Annual salary \$167,953.00	% of time spent lobbying during quarter 0.38%
Bill/WAC number General description of lobbying activities or objectives OTHE LOBBIED REP VINCENT BUYS Hatchery HB LOBBIED SEN DOUG ERICKSEN Hatchery <input type="checkbox"/> Check if person spent more than \$15 of non-public funds in lobbying			
Name MIKE HOGAN	Job title PUBLIC AFFAIRS ADMINISTRATOR	Annual salary \$70,563.00	% of time spent lobbying during quarter 0.19%
Bill/WAC number General description of lobbying activities or objectives HB LOBBIED SEN DOUG ERICKSEN Hatchery <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			
<b>EXPENDITURES FOR LOBBYING THIS QUARTER</b> 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)			\$195.42
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			\$7,500.00
<b>Total This Quarter</b>			\$7,695.42
<b>Total To Date This Year</b>			\$0.00
<b>CERTIFICATION:</b> 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 TAMARA SOBJACK	
Signature of agency head ROB FIX		Work telephone Number 360-676-2500  Work E-mail INFO@PORTOFBELLINGHAM.COM	

# SERVICES ATTACHMENT

# L-5

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Agency or Governmental Entity Name

PORT OF BELLINGHAM

Report for calendar quarter ending

SEP 2018  
Month Year

Date	Name	Amount
2018-09-30	MCBRIDE CONSULTING	\$7,500.00

Purpose GENERAL LOBBYING

Date	Name	Amount

Purpose

Date	Name	Amount

Purpose

Date	Name	Amount

Purpose

Date	Name	Amount

Purpose

Date	Name	Amount

Purpose

Date	Name	Amount

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