

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)	P. 1 LOBBYING BY STATE AND LOCAL GOVERNMENT AGENCIES	
2018-10-29 2852			
Agency or Governmental Entity Name and Address KING CO HOSP DIST 1 VALLEY 400 S. 43RD ST. RENTON WA 98055	Date prepared 2018-10-29 County KING	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 ☐ Check if person spent more than \$15 of non-public funds in lobbying			
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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			\$21,000.00
Total This Quarter			\$21,000.00
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 KATHY FEIST	
Signature of agency head DAVID E. SMITH		Work telephone Number 425-656-4034 Work E-mail DAVID_SMITH@VALLEYMED.ORG	

SERVICES ATTACHMENT**L-5**

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Agency or Governmental Entity Name

KING CO HOSP DIST 1 VALLEY

Report for calendar quarter ending

SEP 2018
Month Year

Date	Name	Amount
2018-07-31	BOSWELL AND ASSOCIATES	\$7,000.00

Purpose HEALTHCARE REFORM

Date	Name	Amount
2018-08-31	BOSWELL AND ASSOCIATES	\$7,000.00

Purpose HEALTHCARE REFORM

Date	Name	Amount
2018-10-29	BOSWELL AND ASSOCIATES	\$7,000.00

Purpose HEALTHCARE REFORM

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

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