P. 1



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PDC FORM

L-5

(Rev 1/09)

LOBBYING BY STATE AND LOCAL GOVERNMENT AGENCIES

2018-11-02

-2

Agency or Governmental Entity Name and Address	Date prepared	Report for calendar quarter ending
TREASURER, OFFICE OF STATE	2018-11-02	
PO BOX 40200	County	JUN 2018
OLYMPIA WA 98504-0200	THURSTON	Month Year
PERSONS WHO LOB	BIED THIS QUARTER	
Name Job title	Annual salar	
<u> -</u>	stant State \$140,760.	during quarter
Bill/WAC number General description of lobbying activities or objectives	surer \$140,760.	0.10%
OTHE LOBBIED REP CINDY RYU		
meet and		
Check if person spent more than \$15 of non-public funds in lobbying		
Name Job title	Annual salar	% of time spent lobbying during quarter
Bill/WAC number General description of lobbying activities or objectives		
Objects if never proved move them 015 of non-public funds in labburing		
Check if person spent more than \$15 of non-public funds in lobbying Name Job title	Annual salar	0/ of time anont lobbying
name oob mo	Allita Saa	% 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 measu		oses
Salaries Of Persons Who Lobbied (Include only portion of quarterly salary	attributable to lobbying)	\$36.66
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		10,00
Consultants Or Other Contractual Services		\$0.00
Consultants Or Other Contractual Services	ence Legislation	· ·
Consultants Or Other Contractual Services	ence Legislation Total This Quarter	\$0.00
Consultants Or Other Contractual Services		\$0.00 \$0.00
CERTIFICATION: I certify that to the best of my knowledge the above is a	Total This Quarter	\$0.00 \$0.00 \$36.66
CERTIFICATION: I certify that to the best of my knowledge the above is a true, complete and correct statement in accordance	Total This Quarter Total To Date This Year	\$0.00 \$0.00 \$36.66
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.	Total This Quarter Total To Date This Year Name of employee completing report TAMMY RISNER	\$0.00 \$0.00 \$36.66 \$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. Signature of agency head	Total This Quarter Total To Date This Year Name of employee completing report	\$0.00 \$0.00 \$36.66 \$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.	Total This Quarter Total To Date This Year Name of employee completing report TAMMY RISNER	\$0.00 \$0.00 \$36.66 \$0.00