

<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>	
2019-04-29  3122			
Agency or Governmental Entity Name and Address  EMPLOYMENT SECURITY DEPT PO BOX 9046 OLYMPIA WA 98507-9046	Date prepared 2019-04-29  County THURSTON	Report for calendar quarter ending  MAR 2019 Month Year	
<b>PERSONS WHO LOBBIED THIS QUARTER</b>			
Name SAM MITCHELL	Job title STATEWIDE VETERANS PROGRAM OPERATOR	Annual salary \$61,500.00	% of time spent lobbying during quarter 0.10%
Bill/WAC number General description of lobbying activities or objectives OTHE LOBBIED HOUSE COMMITTEE ON COMMUNITY DEVELOPMENT, HOUSING & AMP; TRIBAL MILITARY AFFAIRS DURING WORK SESSION TO PRESENT ON SUPPORTING MILITARY SPOUSES WITH			
<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			
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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			
<b>Salaries Of Persons Who Lobbied</b> (Include only portion of quarterly salary attributable to lobbying)			\$14.78
<b>Travel</b> (Include food, lodging, per diem payments and cost of transportation used)			\$0.00
<b>Brochures And Other Publications Whose Principal Purpose Is To Influence Legislation</b>			\$0.00
<b>Consultants Or Other Contractual Services</b>			\$0.00
<b>Total This Quarter</b>			\$14.78
<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 TIM GATES	
Signature of agency head DALE PEINECKE		Work telephone Number 360-902-9407  Work E-mail NSTREULI@ESD.WA.GOV	