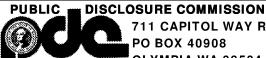
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711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

PDC FORM

L-5

(Rev 1/09)

## LOBBYING BY STATE AND LOCAL GOVERNMENT AGENCIES

2019-10-30

Work E-mail WATREAS@TRE.WA.GOV

3366 Agency or Governmental Entity Name and Address Date prepared Report for calendar quarter ending TREASURER, OFFICE OF STATE 2019-10-30 County PO BOX 40200 SEP 2019 Month Year OLYMPIA WA 98504-0200 THURSTON PERSONS WHO LOBBIED THIS QUARTER Name Job title Annual salary % of time spent lobbying during quarter ASSISTANT TREASURER ERHIZA RIVERA 140,000.0 0.19% Bill/WAC number General description of lobbying activities or objectives OTHE LOBBIED SENATOR MULLET. meet and LOBBIED REPRESENTATIVE KIRBY. OTHE meet and ☐ Check if person spent more than \$15 of non-public funds in lobbying Job title % of time spent lobbying Name Annual salary during quarter BRENDA SNYDER DIRECTOR OF POLICY 109,192.0 0.19% AND EXTERNAL Bill/WAC number General description of lobbying activities or objectives LOBBIED SENATOR MULLET. OTHE meet and LOBBIED REPRESENTATIVE KIRBY. OTHE meet and ☐ Check if person spent more than \$15 of non-public funds in lobbying Annual salary % of time spent lobbying during quarter JENNIFER MERCHANT LEGAL COUNSEL 115,000.0 0.60% Bill/WAC number General description of lobbying activities or objectives OTHE LOBBIED SENATOR MULLET. meet and LOBBIED REPRESENTATIVE KIRBY. OTHE meet and Check if person spent more than \$15 of non-public funds in lobbying EXPENDITURES FOR LOBBYING THIS QUARTER Report only the separately identifiable and measurable expenditures incurred for lobbying purposes \$290.93 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 \$15,000.00 **Consultants Or Other Contractual Services** \$15,290.93 **Total This Quarter** \$0.00 **Total To Date This Year** CERTIFICATION: I certify that to the best of my knowledge the above is a Name of employee completing report true, complete and correct statement in accordance JENNIFER MERCHANT with RCW 42.17.190. Signature of agency head Work telephone Number 3609028944 DUANE A. DAVIDSON

SERVICES A	ATTACHMENT		L-	<b>5</b> P. 2
Agency or Governmental Entity Name		Report for	calendar c	quarter ending
TREASURER, OF	FICE OF STATE	SEP Month	2019 Year	
Date 2019-09-30	Name MCBRIDE PUBLIC AFFAIRS LLC			Amount \$15,000.00
Purpose LOBBYING CONSULTANT				
Date	Name			Amount
Purpose				
Date	Name			Amount
Purpose				
Date	Name			Amount
Purpose				
Date	Name			Amount
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