

<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>
2019-10-30  3373		
Agency or Governmental Entity Name and Address  OFFICE OF PUBLIC DEFENSE 711 CAPITOL WAY SOUTH, SUITE 106 OLYMPIA WA 98501	Date prepared 2019-10-30  County THURSTON	Report for calendar quarter ending  SEP 2019 Month Year
<b>PERSONS WHO LOBBIED THIS QUARTER</b>		
Name SOPHIA BYRD MCSHERRY	Job title DEPUTY DIRECTOR	Annual salary \$127,300.0
% of time spent lobbying during quarter 0.24%		
Bill/WAC number General description of lobbying activities or objectives OTHE MET WITH NEW APPROPRIATIONS COMMITTEE STAFF ASSIGNED TO OPD TO ORIENT HER TO agency THE AGENCY'S OPERATIONS AND RELATED BUDGET ISSUES. OTHE PROVIDED REP MARI LEAVITT WITH INTRODUCTORY INFORMATION ON AGENCY OPERATIONS. agency <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		
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)		\$76.50
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		\$0.00
<b>Total This Quarter</b>		\$76.50
<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 SOPHIA BYRD MCSHERRY	
Signature of agency head JOANNE MOORE	Work telephone Number 360-586-3164  Work E-mail OPD@OPD.WA.GOV	