


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 <small>(Rev 1/09)</small>	P. 1 LOBBYING BY STATE AND LOCAL GOVERNMENT AGENCIES	
2020-04-30 3662			
Agency or Governmental Entity Name and Address INVESTMENT BOARD, ST PO BOX 40916 OLYMPIA WA 98502	Date prepared 2020-04-30 <hr/> County THURSTON	Report for calendar quarter ending MAR 2020 Month Year	
PERSONS WHO LOBBIED THIS QUARTER			
Name CHRIS PHILLIPS	Job title DIRECTOR OF INSTITUTIONAL	Annual salary \$270,000.0	% of time spent lobbying during quarter 0.12%
Bill/WAC number General description of lobbying activities or objectives HB MET WITH AARON GUTIERREZ AT THE OFFICE OF THE STATE ACTUARY TO DISCUSS 2341 TAP-INTO-TDF BILL. SB SPOKE IN PUBLIC TESTIMONY TO SENATE COMMITTEE ON FINANCIAL INSTITUTIONS, 5995 ECONOMIC DEVELOPMENT & TRADE <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			
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)			\$77.88
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
Total This Quarter			\$77.88
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 MICHAEL TOBIAS	
Signature of agency head THERESA WHITMARSH		Work telephone Number 360-956-4600 Work E-mail RECEP@SIB.WA.GOV	