P. 1



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

2020-09-09

3882

	3882			
Agency or Governmental Entity Name and Address	Date prepared		Report for calendar quarter ending	
TACOMA-PIERCE COUNTY HEALTH DEPARTMENT	20	2020-09-09 County		
3629 SOUTH D STREET, MAILSTOP 1001	Coun			
TACOMA WA 98418	PIERCE Month Year		Month Year	
PERSONS WHO LOB	│ BIED THIS QUARTER			
Name Job title		Annual salary % 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		1		
Name Job title		Annual salary	% 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				
Name Job title		Annual salary	% 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		or lobbying purposes		
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		\$0.00		
Consultants Or Other Contractual Services			\$7,500.00	
Total This Quarter			\$7,500.00	
	Total To Date This		\$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	Name of employee completing report			
with RCW 42.17.190.	PATRICIA DARDEN			
Signature of agency head	Work telephone Number 253-798-2899			
ANTHONY L-T CHEN, MD, MPH	Work E-mail PDARDEN@TPCHD.ORG			
	WOR E-Mail FDANDER	ie if Chd. Okd		

## **SERVICES ATTACHMENT**

L-5

D 2

Report for calendar quarter ending Agency or Governmental Entity Name 2020 **Yea**r TACOMA-PIERCE COUNTY HEALTH DEPARTMENT Month Date Name Amount 2020-01-01 BRYNN BRADY \$2,500.00 Purpose MONITOR, ADVOCATE, COORDINATE, MEET WITH STAFF, SECURE APPOINTMENTS FOR DEPT. DIR. OR DESIGNEE WITH KEY LEGISLATORS Date Name 2020-02-01 BRYNN BRADY \$2,500.00 Purpose MONITOR, ADVOCATE, COORDINATE, MEET WITH STAFF, SECURE APPOINTMENTS FOR DEPT. DIR. OR DESIGNEE WITH KEY LEGISLATORS Date Name Amount 2020-03-01 BRYNN BRADY \$2,500.00 Purpose MONITOR, ADVOCATE, COORDINATE, MEET WITH STAFF, SECURE APPOINTMENTS FOR DEPT. DIR. OR DESIGNEE WITH KEY LEGISLATORS Date Name Amount Purpose Date Name Amount Purpose