**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**
(Rev 1/09)



# LOBBYING BY STATE AND LOCAL GOVERNMENT AGENCIES

2020-09-09
3883

| Agency or Governmental Entity Name and Address | Date prepared | Report for calendar quarter ending |
|---|---|---|
| TACOMA-PIERCE COUNTY HEALTH DEPARTMENT<br>3629 SOUTH D STREET, MAILSTOP 1001<br>TACOMA WA 98418 | 2020-09-09<br>County<br>PIERCE | JUN 2020<br>Month Year |

## PERSONS WHO LOBBIED 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

| 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 measurable expenditures incurred for 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** | $5,375.00 |
| **Total This Quarter** | $5,375.00 |
| **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
PATRICIA DARDEN

Signature of agency head
ANTHONY L-T CHEN, MD, MPH

Work telephone Number 253-798-2899

Work E-mail PDARDEN@TPCHD.ORG

# SERVICES ATTACHMENT

L-5 P. 2

Agency or Governmental Entity Name: TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

Report for calendar quarter ending: JUN (Month) 2020 (Year)

| Date | Name | Amount |
|---|---|---|
| 2020-04-01 | 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 |
|---|---|---|
| 2020-05-01 | BRYNN BRADY | $1,250.00 |

Purpose MONITOR, ADVOCATE, COORDINATE, MEET WITH STAFF, SECURE APPOINTMENTS FOR DEPT. DIR. OR DESIGNEE WITH KEY LEGISLATORS

| Date | Name | Amount |
|---|---|---|
| 2020-06-01 | BRYNN BRADY | $1,250.00 |

Purpose MONITOR, ADVOCATE, COORDINATE, MEET WITH STAFF, SECURE APPOINTMENTS FOR DEPT. DIR. OR DESIGNEE WITH KEY LEGISLATORS

| Date | Name | Amount |
|---|---|---|
| 2020-06-01 | BRYNN BRADY | $375.00 |

Purpose STRATEGIC ENGAGEMENT

| Date | Name | Amount |
|---|---|---|
| | | |

Purpose

| Date | Name | Amount |
|---|---|---|
| | | |

Purpose

| Date | Name | Amount |
|---|---|---|
| | | |

Purpose

| Date | Name | Amount |
|---|---|---|
| | | |

Purpose

| Date | Name | Amount |
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Purpose

| Date | Name | Amount |
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Purpose

| Date | Name | Amount |
|---|---|---|
| | | |

Purpose