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PDC FORM

LOBBYING BY STATE AND LOCAL GOVERNMENT AGENCIES

2021-04-16

4101 Agency or Governmental Entity Name and Address Date prepared Report for calendar quarter ending TACOMA-PIERCE COUNTY HEALTH DEPARTMENT 2021-04-16 County 3629 SOUTH D STREET, MAILSTOP 1001 MAR 2021 Month Year TACOMA WA 98418 PIERCE PERSONS WHO LOBBIED THIS QUARTER Name Job title Annual salary % of time spent lobbying during quarter ANTHONY L-T CHEN DIRECTOR OF HEALTH 239,034.0 0.14% Bill/WAC number General description of lobbying activities or objectives SB PROVIDED TESTIMONY ON SB 5149 5149 SB DISCUSSED SB 5149 5149 ☐ Check if person spent more than \$15 of non-public funds in lobbying Job title % of time spent lobbying Name Annual salary during quarter CINDAN GIZZI DEPUTY DIRECTOR 139,505.6 0.08% Bill/WAC number General description of lobbying activities or objectives TESTIFIED FOR 1 MINUTE AND SUBMITTED WRITTEN COMMENTS TO THE SENATE HEALTH AND SB LONG TERM CARE COMMITTEE IN SUPPORT OF SB 5292. ATTENDED THE MEETING FOR 1.5 PROVIDED INFORMATION ABOUT TACOMA-PIERCE COUNTY BOARD OF HEALTH COMPOSITION TO 5292 HB 1152 REPRESENTATIVES: ROBINSON AND RICCELLI IN A MEETING WITH SUBJECT MATTER ☐ Check if person spent more than \$15 of non-public funds in lobbying Name 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 \$114.16 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 \$7,500.00 **Consultants Or Other Contractual Services** \$7,614.16 **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 PATRICIA DARDEN with RCW 42.17.190. Work telephone Number 253-798-2899 Signature of agency head ANTHONY L-T CHEN, MD, MPH Work E-mail PDARDEN@TPCHD.ORG

SERVICES ATTACHMENT

Report for calendar quarter ending Agency or Governmental Entity Name 2021 **Yea**r TACOMA-PIERCE COUNTY HEALTH DEPARTMENT Month Date Name Amount 2021-01-01 BRYNN BRADY \$2,500.00 Purpose MONITOR, ADVOCATE, COORDINATE LOBBYING EFFORTS, MEETINGS WITH STAFF, SECURE APPOINTMENTS FOR DEPARTMENT DIRECTOR OR DESIGNEE WITH KEY LEGISLATORS Date Name Amount 2021-02-01 BRYNN BRADY \$5,000.00 Purpose MONITOR, ADVOCATE, COORDINATE LOBBYING EFFORTS, MEETINGS WITH STAFF, SECURE APPOINTMENTS FOR DEPARTMENT DIRECTOR OR DESIGNEE WITH KEY LEGISLATORS - FEB. -Date Name Amount Purpose Date Name Amount Purpose Name Date Amount Purpose Date Name Amount Purpose