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## LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

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1. Registrant Name Public Campaign	***************************************	
2. Address Check if different than previously reported		
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3. Principal Place of Business (if different from line 2)	•	***************************************
City: Washington State/ 4. Contact Name Telephone  Gail Gomes 30229	Zip (or Country) DC 26	9036
4. Contact Name Telephone	E-mail (optional)	5. Senate ID#
Gail Gomez 20229	30222	335400
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Signature Lind & OMUT Filling #e7e05574-82b0-4030-9cc1-7211ec76bdae - Page 1 of 2 Printed Name and Title GALL GOMEZ ADMINISTRATIVE DIRECTOR

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