



Declaration of Non-Commercial Purpose

This form is for individuals or organizations requesting public records from the Department of Retirement Systems.

Send completed form to:

Email drs.pdrnotice@drs.wa.gov

Fax 360.753.3166

Mail Department of Retirement Systems

Attn: Public Disclosure Officer

PO Box 48380 • Olympia, WA 98504-8380

Requestor Information

Name of Individual Submitting the Request

Erin Raasch

Mailing Address

PO Box 970999

City Boca Raton

State FL

ZIP

33497

Email Address

Erin.Raasch@openthebooks.com

Phone Number

9630-346-7932

I am Requesting the List of

2023 retirees with monthly payment

On my own personal behalf

On behalf of an organization or business

If you are requesting the list on behalf of an organization or business, complete the following:

Organization or Business Name

American Transparency

Organization or Business Website Address

www.openthebooks.com

Organization or Business Purpose

501(c)3 charitable org. Our mission is governmental transparency

The organization or business is a professional association or educational organization recognized by the professional licensing or examination board, and the request is for a list of applicants for professional licenses or professional licensees of the subject area of the association or organization Yes No

Purpose of the Request

The Purpose of Making the Request is

Governmental transparency to the general public.

I or the organization/business intend to

- Generate revenue or financial benefit from using the list of individuals, taxpayers and/or persons Yes No
- Solicit money or financial support from any of the individuals, taxpayers and/or persons on the list Yes No
- Make individuals, taxpayers and/or persons on the list aware of business commercial entities, business/financial enterprises or business/financial opportunities Yes No
- Supply or sell the list of individuals, taxpayers and/or persons to another organization or business, third party individual, or other entity Yes* No

*If Yes, to whom _____

Signature

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I certify under penalty of perjury that I have read the information provided with this declaration and I understand that a list of retirees cannot be provided to me, or to my organization/business by the Department of Retirement Systems if the list will be used for a commercial purpose. I certify under penalty of perjury that any list(s) I or my organization/business receive pursuant to this request, will not be used for any commercial purpose in violation of RCW 42.56.070(8), RCW 82.32.330(3)(k), or RCW 19.02.115(3)(g).

Signature

Erin Raasch

Date (mm/dd/yyyy)

4/22/24

In (City, State)

Tulsa OK

Printed Name

Erin Raasch

Title (if any)



Public Records Request (#P000727-031424)

Public Records Request Details

Request Category

What kind of Request is this?:	Requests for Information
Type of Requestor:	Organization
Type of Record(s) Requested:	Other
Exclude from reports?:	No
Describe the Record(s) Requested:	An electronic document which lists any and all retired employees (members) which were paid a monthly pension annuity (payment) in the year 2023. Each member record should include the following: The member's full name, retirement date, last employer name, and monthly pension annuity (payment) amount in 2023. For reference, I have attached a small sample of the file we received when we made the same request for data from a prior year.
Date Range From:	1/1/2023
Date Range To:	12/31/2023
Preferred Method to Receive Records:	Electronic via Request Center

IT Activity Routing

Clarifications

State Reporting Bill

Internal Fields

5 Day Letter Sent:	Yes **Please select Yes once you have sent the 5 Day letter. **If you are not closing this request at the same time the 5 day letter is being sent, you MUST update the Required Completion Date at the right with an estimated completion date.
5 Day Letter Date:	3/19/2024
Estimated Completion Date:	5/10/2024

Message History