

Public Records Request (#P000868-031325)

Public Records Request Details

Request Category

What kind of Request is this?:	Public Records Requests
Type of Requestor:	Organization
Type of Record(s) Requested:	Data Report/List
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 2024. Each member record should include the following: The member's full name, retirement date, last employer name, and monthly pension annuity (payment) amount in 2024. 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:	1/1/2024
Date Range To:	12/31/2024
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:	3/17/2025
Estimated Completion Date:	4/25/2025

Message History



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 <i>Erin Roasch</i>			
Mailing Address <i>PO Box 970999</i>		City <i>Boca Raton</i>	State <i>FL</i>
		ZIP <i>33497</i>	
Email Address <i>Erin.Roasch@openthebooks.com</i>		Phone Number	
I am Requesting the List of <i>Pensioners (retired members)</i>		<input type="checkbox"/> On my own personal behalf <input checked="" type="checkbox"/> 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 <i>American Transparency</i>		Organization or Business Website Address <i>www.openthebooks.com</i>	
Organization or Business Purpose <i>501 (c) 3 nonprofit Our mission is governmental transparency.</i>		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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Purpose of the Request

The Purpose of Making the Request is
Governmental transparency. Data is available for free on website

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 *Pensioners (retired members)* 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 <i>Erin Roasch</i>	Date (mm/dd/yyyy) <i>3/25/25</i>	In (City, State) <i>Tulsa, OK</i>
Printed Name <i>Erin Roasch</i>	Title (if any) <i>Data Capture Manager</i>	

