P. 1



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

2018-07-06

2702

Agency or Governmental Entity Name and Address	Date prepared		Report for calendar quarter ending	
BETHEL SD 403	201	8-07-06		
516 176TH ST E	County	,	JUN 2018	
SPANAWAY WA 98387	PIE	ERCE	Month Year	
PERSONS WHO LOB	BIED THIS QUARTER			
Name Job title		Annual salary		
			during quarter	
Bill/WAC number General description of lobbying activities or objectives				
Constant description of lossying detivities of objectives				
_				
Check if person spent more than \$15 of non-public funds in lobbying		T	T	
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	
Pilama O and a control of the contro				
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 LO Report only the separately identifiable and measu			S	
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			\$13,500.00	
Total This Quarter			713,300.00	
Total To Date This Year			\$13,500.00	
	Total To Date This	/ear		
CERTIFICATION: I certify that to the best of my knowledge the above is a	Total To Date This  Name of employee completi		\$13,500.00	
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.			\$13,500.00	
true, complete and correct statement in accordance with RCW 42.17.190.	Name of employee completi	ng report	\$13,500.00 \$0.00	
true, complete and correct statement in accordance	Name of employee completing BEV MARTIN  Work telephone Number		\$13,500.00 \$0.00	

## **SERVICES ATTACHMENT** Report for calendar quarter ending Agency or Governmental Entity Name 2018 **Yea**r BETHEL SD 403 JUN **Month** Date Name Amount 2018-04-01 \$4,500.00 CASCADE GOVERNMENT AFFAIRS Purpose CONSULTING Date Amount 2018-05-01 CASCADE GOVERNMENT AFFAIRS \$4,500.00 Purpose CONSULTING Date Name Amount 2018-06-01 CASCADE GOVERNMENT AFFAIRS \$4,500.00 Purpose CONSULTING Date Name Amount Purpose Date Name Amount Purpose