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

2018-07-23

2738

Agency or Governmental Entity Name and Address	Date prepared		Report for calendar quarter ending	
TACOMA SD 010	201	.8-07-23	quarter enamy	
601 S 8TH ST	County		SEP 2018	
TACOMA WA 98405		RCE	Month Year	
111001H1 W11 30 100				
PERSONS WHO LOB	BIED THIS QUARTER			
Name Job title		Annual salary	ary % of time spent lobbying	
			during quarter	
PWWW.				
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	
			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		Annual calant		
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				
EXPENDITURES FOR LO	BBYING THIS QUART	≣R		
Report only the separately identifiable and measure			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			\$21,000.00	
Total This Quarter			· ,	
	Total To Date This \		\$21,000.00	
	Total To Date This	/ear		
CERTIFICATION: I certify that to the best of my knowledge the above is a	Name of employee completing		\$21,000.00	
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.			\$21,000.00	
true, complete and correct statement in accordance with RCW 42.17.190.	Name of employee completing ROSALIND MEDINA	ng report	\$21,000.00 \$0.00	
true, complete and correct statement in accordance	Name of employee completing ROSALIND MEDINA Work telephone Number		\$21,000.00 \$0.00	

SERVICES ATTACHMENT Report for calendar quarter ending Agency or Governmental Entity Name 2018 **Yea**r TACOMA SD 010 Month Date Name Amount \$7,000.00 2018-07-01 CASCADE GOVERNMENTAL AFFAIRS Purpose EDUCATIONAL ADVOCACY Date Name Amount 2018-08-01 CASCADE GOVERNMENTAL AFFAIRS \$7,000.00 Purpose EDUCATIONAL ADVOCACY Amount Date Name 2018-09-01 CASCADE GOVERNMENTAL AFFAIRS \$7,000.00 Purpose EDUCATIONAL ADVOCACY Date Name Amount Purpose Date Name Amount Purpose