


PUBLIC DISCLOSURE COMMISSION  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 <small>(Rev 1/09)</small>	P. 1 LOBBYING BY STATE AND LOCAL GOVERNMENT AGENCIES	
2019-03-08 3019			
Agency or Governmental Entity Name and Address TACOMA SD 010 601 S 8TH ST TACOMA WA 98405	Date prepared 2019-03-08 County PIERCE	Report for calendar quarter ending MAR 2019 Month Year	
PERSONS WHO LOBBIED THIS QUARTER			
Name CARLA SANTORNO	Job title SUPERINTENDENT	Annual salary \$298,896.0	% of time spent lobbying during quarter 0.38%
Bill/WAC number General description of lobbying activities or objectives SB LOBBIED SENATE COMMITTEE ON WAYS & MEANS 5313			
<input type="checkbox"/> Check if person spent more than \$15 of non-public funds in lobbying			
Name ROSALIND MEDINA	Job title CHIEF FINANCIAL OFFICER	Annual salary \$202,886.0	% of time spent lobbying during quarter 0.77%
Bill/WAC number General description of lobbying activities or objectives SB LOBBIED SENATE COMMITTEE ON WAYS & MEANS 5313 SB LOBBIED SENATE COMMITTEE ON WAYS & MEANS 5466,			
<input type="checkbox"/> Check if person spent more than \$15 of non-public funds in lobbying			
Name	Job title	Annual salary	% of time spent lobbying during quarter
Bill/WAC number General description of lobbying activities or objectives			
<input type="checkbox"/> Check if person spent more than \$15 of non-public funds in lobbying			
EXPENDITURES FOR LOBBYING THIS QUARTER Report only the separately identifiable and measurable expenditures incurred for lobbying purposes			
Salaries Of Persons Who Lobbied (Include only portion of quarterly salary attributable to lobbying)			\$677.57
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			\$21,677.57
Total To Date This Year			\$0.00
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.		Name of employee completing report ROSALIND MEDINA	
Signature of agency head CARLA SANTORNO		Work telephone Number 253-571-1201 Work E-mail RMEDINA@TACOMA.K12.WA.US	

SERVICES ATTACHMENT**L-5**

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Agency or Governmental Entity Name

TACOMA SD 010

Report for calendar quarter ending

MAR 2019
Month Year

Date	Name	Amount
2019-01-01	CASCADE GOVERNMENTAL AFFAIRS	\$7,000.00

Purpose EDUCATION ADVOCACY

Date	Name	Amount
2019-02-01	CASCADE GOVERNMENTAL AFFAIRS	\$7,000.00

Purpose EDUCATION ADVOCACY

Date	Name	Amount
2019-03-01	CASCADE GOVERNMENTAL AFFAIRS	\$7,000.00

Purpose EDUCATION ADVOCACY

Date	Name	Amount
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Purpose

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Purpose