

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

(Rev 1/09)

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	Report for calendar quarter ending MAR 2019 Month Year
	County PIERCE	

PERSONS WHO LOBBIED THIS QUARTER

Name	Job title	Annual salary	% of time spent lobbying during quarter
CARLA SANTORNO	SUPERINTENDENT	\$298,896.0	0.38%

Bill/WAC number SB 5313	General description of lobbying activities or objectives LOBBIED SENATE COMMITTEE ON WAYS & MEANS
<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
ROSALIND MEDINA	CHIEF FINANCIAL OFFICER	\$202,886.0	0.77%

Bill/WAC number SB 5313	General description of lobbying activities or objectives LOBBIED SENATE COMMITTEE ON WAYS & MEANS
SB 5466,	LOBBIED SENATE COMMITTEE ON WAYS & MEANS
<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

P. 2

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
Purpose		

Date	Name	Amount
Purpose		

Date	Name	Amount
Purpose		

Date	Name	Amount
Purpose		

Date	Name	Amount
Purpose		

Date	Name	Amount
Purpose		

Date	Name	Amount
Purpose		

Date	Name	Amount
Purpose		

Date	Name	Amount
Purpose		