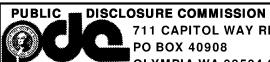
P. 1



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

2019-08-14

3269

Agency or Governmental Entity Name and Address	Date prepared		Report for calendar quarter ending	
CITY OF SEATAC	2019-08-14			
4800 S. 188TH ST.	County		MAR 2019	
SEATAC WA 98188	KING		Month Year	
PERSONS WHO LOBBIED THIS QUARTER				
Name Job title		Annual salary	Annual salary % of time spent lobbying during quarter	
Pill/MAC number. Coneral description of labbuing activities or objectives				
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 Ar		Annual salary	% of time spent lobbying during quarter	
			daming quartor	
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	Job title Annua		O/ of times are not labely time	
That it is a state of the state	oob title		% 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 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) \$0.			\$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			\$8,400.00	
Total This Quarter			\$8,400.00	
Total To Date This Year		Year	\$0.00	
CERTIFICATION: I certify that to the best of my knowledge the above is a	Name of employee completing report			
true, complete and correct statement in accordance with RCW 42.17.190.	KYLE MOORE			
Signature of agency head	Work telephone Number 206-973-4800			
CARL COLE	Work E-mail INFO@SEATACWA.GOV			
	112 0 0 0 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

SERVICES ATTACHMENT Report for calendar quarter ending Agency or Governmental Entity Name 2019 **Yea**r CITY OF SEATAC MAR Month Amount Date Name 2019-08-14 GORDON THOMAS HONEYWELL \$8,400.00 Purpose LOBBYING SERVICES Name Date Amount Purpose Date Name Amount Purpose