

<div style="display: flex; align-items: center;"> <div> PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828 </div> </div>	PDC FORM <div style="font-size: 2em; font-weight: bold;">L-5</div> <small>(Rev 1/09)</small>	<div style="text-align: right;">P. 1</div> <div style="font-size: 1.2em; font-weight: bold;">LOBBYING BY STATE AND LOCAL GOVERNMENT AGENCIES</div>	
2020-04-16 3615			
Agency or Governmental Entity Name and Address TACOMA SD 010 601 S 8TH ST TACOMA WA 98405	Date prepared 2020-04-16 County PIERCE	Report for calendar quarter ending JUN 2020 Month Year	
PERSONS WHO LOBBIED THIS QUARTER			
Name 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	Job title 	Annual salary 	% of time spent lobbying during quarter
Name 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	Job title 	Annual salary 	% of time spent lobbying during quarter
Name 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	Job title 	Annual salary 	% of time spent lobbying during quarter
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)			\$0.00
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			\$21,000.00
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

JUN 2020
Month Year

Date	Name	Amount
2020-04-01	CASCADE GOVERNMENTAL AFFAIRS	\$7,000.00

Purpose EDUCATIONAL ADVOCACY

Date	Name	Amount
2020-05-01	CASCADE GOVERNMENTAL AFFAIR	\$7,000.00

Purpose EDUCATIONAL ADVOCACY

Date	Name	Amount
2020-06-01	CASCADE GOVERNMENTAL AFFAIRS	\$7,000.00

Purpose EDUCATIONAL ADVOCACY

Date	Name	Amount
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Purpose

Date	Name	Amount
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Purpose