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

2020-04-22

3639

	3639				
Agency or Governmental Entity Name and Address	Dat	e prepared	Report for calendar quarter ending		
OAKESDALE SD 324	2	2020-04-22			
PO BOX 228	Cou	unty	MAR 2020		
OAKESDALE WA 99158-0228	ESDALE WA 99158-0228 WHITMAN		Month Year		
PERSONS WHO LOB	BIED THIS QUARTE	R			
Name Job title	•	Annual salary	% of time spent lobbying		
JACOB DINGMAN SUPE	ERINTENDENT	\$122,520.0	during quarter		
Bill/WAC number General description of lobbying activities or objectives OTHE MET WITH LEGISLATORS FROM HOUSE AND SENATE EDUCATION AND BUDGET COMMITTEES. EDU/BUDGET HOUSE AND SENATE LEADERSHIP.					
☐ 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		l .			
☐ Check if person spent more than \$15 of non-public funds in lobbying  Name  Job title	3	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 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)			\$1 <b>,</b> 236.98		
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		\$354.25			
Total This Quarter		\$1,591.23			
	Total To Date Th	ie Vear			
		iis Teal	\$0.00		
<b>CERTIFICATION:</b> 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 comp		\$0.00		
true, complete and correct statement in accordance	Name of employee comp				

SERVICES A	ATTACHMENT		L-5 P. 2
Agency or Governmen		Report for ca	alendar quarter ending
OAKESDALE SD	324	MAR 20 Month Ye	020 ear
Date 2020-04-22	Name MARY SULLIVAN		Amount \$354.25
Purpose ADVOCAC	Y ON BEHALF OF EWQSC		
Date	Name		Amount
Purpose			
Date	Name		Amount
Purpose			
Date	Name		Amount
Purpose			
Date	Name		Amount
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Date	Name		Amount
Purpose			