

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**

2020-04-30
 3688

| | | |
|---|--|--|
| Agency or Governmental Entity Name and Address VALLEY SD 070 3030 HUFFMAN ROAD VALLEY WA 99181 | Date prepared 2020-04-30 County STEVENS | Report for calendar quarter ending MAR 2020 Month Year |
|---|--|--|

PERSONS WHO LOBBIED THIS QUARTER

| Name | Job title | 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

| Name | Job title | 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

| Name | Job title | 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) | \$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 | \$324.99 |
| Total This Quarter | \$324.99 |
| 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 ROBIN KARSH |
| Signature of agency head BEN FERNEY | Work telephone Number 509-937-2791 Work E-mail ROBIN.KARSH@VALLEYSO.D.ORG |

SERVICES ATTACHMENT**L-5**

P. 2

Agency or Governmental Entity Name

VALLEY SD 070

Report for calendar quarter ending

MAR 2020
Month Year

| Date | Name | Amount |
|-------------------------------------|---|----------|
| 2020-01-01 | MARIE SULLIVAN PUBLIC AFFAIRS CORPORATION | \$108.33 |
| Purpose ADVOCACY ON BEHALF OF EWQSC | | |

| Date | Name | Amount |
|---|---|----------|
| 2020-02-01 | MARIE SULLIVAN PUBLIC AFFAIRS CORPORATION | \$108.33 |
| Purpose DVOCACY ON BEHALF OF EWQSC PRIORITIES | | |

| Date | Name | Amount |
|--|---|----------|
| 2020-03-01 | MARIE SULLIVAN PUBLIC AFFAIRS CORPORATION | \$108.33 |
| Purpose ADVOCACY ON BEHALF OF EWQSC PRIORITIES | | |

| 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 | | |