

**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)

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**LOBBYING BY STATE AND LOCAL  
 GOVERNMENT AGENCIES**

2020-07-28  
 3829

Agency or Governmental Entity Name and Address  MEDICAL LAKE SD 326 PO BOX 128 MEDICAL LAKE WA 99022	Date prepared 2020-07-28	Report for calendar quarter ending
	County SPOKANE	JUN 2020 Month Year

**PERSONS WHO LOBBIED THIS QUARTER**

Name	Job title	Annual salary	% of time spent lobbying during quarter
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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
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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
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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

<b>Salaries Of Persons Who Lobbied</b> (Include only portion of quarterly salary attributable to lobbying)	\$0.00
<b>Travel</b> (Include food, lodging, per diem payments and cost of transportation used)	\$0.00
<b>Brochures And Other Publications Whose Principal Purpose Is To Influence Legislation</b>	\$0.00
<b>Consultants Or Other Contractual Services</b>	\$324.99
<b>Total This Quarter</b>	\$324.99
<b>Total To Date This Year</b>	\$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.  Signature of agency head TIMOTHY AMES	Name of employee completing report SARRA REIBER
	Work telephone Number 509-565-3100  Work E-mail SREIBER@MLSD.ORG

**SERVICES ATTACHMENT****L-5**

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Agency or Governmental Entity Name

MEDICAL LAKE SD 326

Report for calendar quarter ending

JUN 2020  
Month Year

Date	Name	Amount
2020-04-01	MARIE SULLIVAN	\$108.33

Purpose ADVOCACY ON BEHALF OF EWQSC PRIORITIES

Date	Name	Amount
2020-05-01	MARIE SULLIVAN	\$108.33

Purpose ADVOCACY ON BEHALF OF EWQSC PRIORITIES

Date	Name	Amount
2020-06-01	MARIE SULLIVAN	\$108.33

Purpose ADVOCACY ON BEHALF OF EWQSC PRIORITIES

Date	Name	Amount
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Purpose

Date	Name	Amount
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Date	Name	Amount
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Purpose