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| <b>PUBLIC DISCLOSURE COMMISSION</b><br><br>711 CAPITOL WAY RM 206<br>PO BOX 40908<br>OLYMPIA WA 98504-0908<br>(360) 753-1111<br>TOLL FREE 1-877-601-2828  | PDC FORM<br><b>L-5</b><br><small>(Rev 1/09)</small> | P. 1<br><br><b>LOBBYING BY STATE AND LOCAL<br/>GOVERNMENT AGENCIES</b>     |  |
| 2020-10-12<br><br>3885  |   |  |  |
| Agency or Governmental Entity Name and Address<br><br>BETHEL SD 403<br>516 176TH ST E<br>SPANAWAY WA 98387  | Date prepared<br>2020-10-12<br><br>County<br>PIERCE | Report for calendar quarter ending<br><br>SEP 2020<br>Month Year           |  |
| <b>PERSONS WHO LOBBIED THIS QUARTER</b>   |   |  |  |
| Name<br>THOMAS G. SEIGEL  | Job title<br>SUPERINTENDENT                         | Annual salary<br>\$213,672.00  | % of time spent lobbying during quarter<br>0.87% |
| Bill/WAC number General description of lobbying activities or objectives<br>HB LOBBIED REP MONICA JURADO STONIER<br>SBHC<br>HB LOBBIED REP MONICA JURADO STONIER<br>SBHC<br><input type="checkbox"/> Check if person spent more than \$15 of non-public funds in lobbying |   |  |  |
| Name<br>  | Job title<br>                                       | Annual salary<br>  | % of time spent lobbying during quarter<br>      |
| Bill/WAC number General description of lobbying activities or objectives<br><br><input type="checkbox"/> Check if person spent more than \$15 of non-public funds in lobbying   |   |  |  |
| Name<br>  | Job title<br>                                       | Annual salary<br>  | % of time spent lobbying during quarter<br>      |
| Bill/WAC number General description of lobbying activities or objectives<br><br><input type="checkbox"/> Check if person spent more than \$15 of non-public funds in lobbying   |   |  |  |
| <b>EXPENDITURES FOR LOBBYING THIS QUARTER</b><br>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)   |   |  | \$462.27   |
| 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   |   |  | \$15,750.00                                      |
| <b>Total This Quarter</b>   |   |  | \$16,212.27                                      |
| <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.  |   | Name of employee completing report<br>BEV MARTIN                           |  |
| Signature of agency head<br>THOMAS G. SEIGEL  |   | Work telephone Number 253-683-6010<br><br>Work E-mail BMARTIN@BETHELSD.ORG |  |

**ACTIVITIES CONTINUATION****L-5**

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Agency or Governmental Entity Name

BETHEL SD 403

Report for calendar quarter ending

SEP 2020

Month Year

**Name of Lobbyist:** THOMAS G. SEIGEL**Bill/WAC #**HB  
SBHC**Description**LOBBIED SENATE COMMITTEE ON HEALTH & LONG TERM CARE ; SENATE COMMITTEE ON  
EARLY LEARNING & K-12 EDUCATION

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

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Agency or Governmental Entity Name

BETHEL SD 403

Report for calendar quarter ending

SEP 2020  
Month Year

| Date               | Name                       | Amount     |
|--------------------|----------------------------|------------|
| 2020-07-01         | CASCADE GOVERNMENT AFFAIRS | \$5,250.00 |
| Purpose CONSULTING |                            |            |

| Date               | Name                       | Amount     |
|--------------------|----------------------------|------------|
| 2020-08-01         | CASCADE GOVERNMENT AFFAIRS | \$5,250.00 |
| Purpose CONSULTING |                            |            |

| Date               | Name                       | Amount     |
|--------------------|----------------------------|------------|
| 2020-09-01         | CASCADE GOVERNMENT AFFAIRS | \$5,250.00 |
| Purpose CONSULTING |                            |            |

| Date    | Name | Amount |
|---------|------|--------|
| Purpose |      |        |

| Date    | Name | Amount |
|---------|------|--------|
| Purpose |      |        |

| Date    | Name | Amount |
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| Purpose |      |        |

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| Purpose |      |        |

| Date    | Name | Amount |
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| Purpose |      |        |

| Date    | Name | Amount |
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| Purpose |      |        |

| Date    | Name | Amount |
|---------|------|--------|
| Purpose |      |        |