

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	
2021-04-27 4360			
Agency or Governmental Entity Name and Address RICHLAND SD 400 615 SNOW AVE RICHLAND WA 99352	Date prepared 2021-04-27 County BENTON	Report for calendar quarter ending MAR 2021 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			
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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			
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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			\$10,500.00
Total This Quarter			\$10,500.00
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 NANCY MAYER	
Signature of agency head DR. RICK SCHULTE		Work telephone Number 509-967-6001 Work E-mail NANCY.MAYER@RSD.EDU	

SERVICES ATTACHMENT**L-5**

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Agency or Governmental Entity Name

RICHLAND SD 400

Report for calendar quarter ending

MAR 2021
Month Year

Date	Name	Amount
2021-04-27	MELISS GOMBOSKY	\$10,500.00
Purpose COVID IMPACT, BUDGET		

Date	Name	Amount
Purpose		

Date	Name	Amount
Purpose		

Date	Name	Amount
Purpose		

Date	Name	Amount
Purpose		

Date	Name	Amount
Purpose		

Date	Name	Amount
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Date	Name	Amount
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Purpose		