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

2021-07-13

4499

| Agency or Governmental Entity Name and Address | Date prepared | | Report for calendar quarter ending | |
|---|--|------|------------------------------------|--|
| PORT OF GRANT CO DIST 01 | 2021-07-13 | | | |
| 101 F ST SW | County | | JUN 2021 | |
| QUINCY WA 98848 | GRANT | | Month Year | |
| | | | | |
| PERSONS WHO LOBBIED THIS QUARTER | | | | |
| Name Job title | Job title | | al salary % of time spent lobbying | |
| | | | during quarter | |
| Dill/MAC number. Conseq description of labbuing potivities or objectives | | | | |
| 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 | Job title Ann | | % of time spent lobbying | |
| | | | during quarter | |
| Pill/MAC number. Conoral description of labbuing activities or objectives | | | | |
| 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 | Job title | | % of time spent lobbying | |
| | | | during quarter | |
| Bill/WAC number General description of lobbying activities or objectives | | | | |
| Billy WAY to Hambon Cacheral description of lobbying activities of 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 | | | \$7 , 500.00 | |
| Total This Quarter | | | \$7,500.00 | |
| Total To Date This Year | | Year | \$0.00 | |
| CERTIFICATION: I certify that to the best of my knowledge the above is a | Name of employee completing report | | | |
| true, complete and correct statement in accordance with RCW 42.17.190. | DAHLIA DE LA ROSA | | | |
| Signature of agency head | Work telephone Number 509-787-3715 | | | |
| CURT A. MORRIS | Work E-mail DAHLIA@PORTOFQUINCY.ORG | | | |
| | TOTAL E HIGH BIHLEFILL OLLOI QUITIOI. OLLO | | | |

SERVICES ATTACHMENT Report for calendar quarter ending Agency or Governmental Entity Name 2021 **Yea**r PORT OF GRANT CO DIST 01 JUN Month Date Name Amount 2021-04-01 PATRICK BOSS \$2,500.00 Purpose CONSULTING SERVICES Date Name Amount 2021-05-01 PATRICK BOSS \$2,500.00 Purpose CONSULTING SERVICES Date Name Amount 2021-06-01 PATRICK BOSS \$2,500.00 Purpose CONSULTING SERVICES Date Name Amount Purpose Date Name Amount Purpose