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)



# LOBBYING BY STATE AND LOCAL GOVERNMENT AGENCIES

2021-07-21

4531

| Agency or Governmental Entity Name and Address | Date prepared | Report for calendar quarter ending |
|---|---|---|
| SPOKANE SD 081<br>200 N BERNARD ST<br>SPOKANE WA 99201-0282 | 2021-07-21<br>County: SPOKANE | JUN 2021<br>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** | $9,750.00 |
| **Total This Quarter** | $9,750.00 |
| **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
TERRI LEFORS

Signature of agency head
DR. ADAM SWINYARD

Work telephone Number 509-354-7272

Work E-mail CINDYCO@SPOKANESCHOOLS.ORG

# SERVICES ATTACHMENT

L-5 P. 2

| Agency or Governmental Entity Name | Report for calendar quarter ending |
|---|---|
| SPOKANE SD 081 | JUN (Month) 2021 (Year) |

| Date | Name | Amount |
|---|---|---|
| 2021-07-21 | MELISSA GOMBOSKY | $9,750.00 |

Purpose ED POLICY, FUNDING AND FISCAL ISSUES

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

Purpose

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

Purpose

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

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