

711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

GRASS ROOTS LOBBYING

PDC FORM		
L-6		
(Rev /24)		

IOLLIKEL	1-011-001-2020					
Sponsor's name	Осси	pation and employer	s			
Address						
City	State	Zip	Telephone	е		
 Describe the topic(s) or legislation about number, if any. 	out which the campai	gn is conducted. Incl	ude bill, rule, ra	te, standard	2. This report covers:	
nambor, ir arry.					Registration (Initial report)	
					Monthly report	
						,
					Final report (Campaign is ended)	
3. List the principal officers of the group organization or other entity.	or organization if the	sponsor is a busines	s, union, associa	ation, political		
NAME	TITL	.E			ADDRESS	
Who is organizing or managing the ca	mnaign? List narear	es or firms bired to as	sist in the comp	aign including o	ublic rolations and advo	rticing agents
NAME AND ADDRESS	OCCUPATION (sist iii tiie camp		OF COMPENSATION	rusing agents.
		200200				
5. Expenditures Made Or Incurred In The	e Campaign:					
Previous expenditures (fro	m line 4, last L-6 rep	ort)				\$
Expenses this reporting per		,			\$	-
Z. Expended the reporting pe		ription				
	(quantity, se	rvices, dates				
	presented to t	he public, etc.)	Vendor na	me and address		\dashv
A. Advertising – Radio, television					\$	
B. Advertising - Digital					\$	
D. Advertising - Digital					T T	
C. Advertising – Newspapers,					\$	
magazines, print media						
						1

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D. Advertising – Brochures, signs,		\$		
printing mailing				
E. Advertising - Other		\$		
F. Consultants, public relations		\$		
G. Office expense, travel, salaries		\$		
, ,				
		_		
H. Contributions		\$		
I. Entertainment		\$		
J. Other expenses		\$		
U. Other expenses				
2 Total expanditures this period	d /lines 2s 2i)			\$
				\$
4. Total expenditures in the car	mpaign (lines 1 + 3)			Ψ
Sponsor's name: This report covers:				
Contributions: List each person or organization who has contributed \$100 or more during this report period				
NAME	ADDRESS, CITY, ZIP	OCCUPATION AND EMPLOYER		MOUNT
			\$	
	i	İ	I	

NAME	ADDRESS, CITY, ZIP	OCCUPATION AND EMPLOYER	AMOUNT
			\$
			\$
			\$
			\$
			\$
			\$

List Total Amount From Any Attached Pages	\$
Total Amount Received In Contributions Less Than \$100 Where Contributor's Name Is Not Listed	\$

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	ntributions This Period	\$
	ntributions During The Campaign	\$
CERTIFICATION: I hereby certify under penalty of perjury that the information co	ntained in this report is true and correct to the	best of my knowledge.
Name and title	Signature	Date

INSTRUCTIONS

WHO SHOULD FILE THIS FORM: Any person or entity making grassroots lobbying expenditures not reported by, a candidate, or a political committee exceeding \$1,500 in the aggregate in a one-month period or exceeding \$3,000 in the aggregate in any three-month period must register as a sponsor of a grassroots lobbying campaign. Exception: If an organization sends a notice about pending legislation to its members, or a corporation sends a similar message to its stockholders, the expenses related to these activities are not reportable as grassroots lobbying.

FILING DEADLINE: A campaign must register and file its initial grassroots lobbying report within 24 hours of the initial presentation to the public when that occurs during the period beginning 30 days before the regular legislative session through the end of that session, or during any special session.

Any other time of the year, grassroots lobbying campaigns must register with the PDC within five days of the initial presentation to the public. Thereafter, sponsors file monthly reports on the 10th of the month covering the preceding calendar month. When the campaign is finished and the last report is being filed, check the final report box.

Public Disclosure Commission SEND REPORT TO: 711 Capitol Way, Rm 206

PO Box 40908

Olympia, WA 98504-0908

QUESTIONS: CALL (360) 753-1111, OR TOLL FREE 1-877-601-2828 Page 4 L-6

ATTACHMENT

L-6

Sponsor's name	This report covers:

6. Contributions (cont): NAME ADDRESS, CITY, ZIP AMOUNT **OCCUPATION AND EMPLOYER** \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$