

PUBLIC DISCLOSURE COMMISSION

711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2929

LOBBYIST REGISTRATION

THIS SPACE FOR OFFICE USE
RECEIVED
L1
(12/14)
IAN 07 2019

1. Lobbyist Name
 Northwest Policy Group, LLC

Public Disclosure Commission

Permanent Business Address
 336 36th street, #212

Business Telephone Numbers
 Permanent (360) 223-5996
 Temporary ()
 Cell Phone (360) 223-5996 or Pager

City Bellingham **State** WA **Zip** 98225

2. Temporary Thurston County address during legislative session
 n/a

E-Mail Address
 Timj@nwpolicygroup.com

3. Employer's name and address (person or group for which you lobby)
 Freemasons of Washington
 4970 Bridgeport Way West
 University Place, WA 98467

Employer's occupation, business or description of purpose of organization
 Fraternal Organization

4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports. (Person responsible for producing the lobbyist employer's annual L-3 report.)

E-Mail Address
 Liaison@freemason-wa.org

5. What is your pay (compensation) for lobbying?
 \$ 0 per Hour _____
(hour, day, month, year)
 Other: Explain: Pro Bono

Description of employment (check one or more boxes)

<input type="checkbox"/> Full time employee	<input type="checkbox"/> Sole duty is lobbying
<input type="checkbox"/> Part time or temporary employee	<input checked="" type="checkbox"/> Lobbying is only a part of other duties
<input type="checkbox"/> Contractor, retainer or similar agreement	
<input checked="" type="checkbox"/> Unsalariated officer or member of group	

6. Are you reimbursed for lobbying expenses? Explain which expenses.

Yes: \$ _____ per _____
 Yes: I am reimbursed for expenses.
 No: I am not reimbursed for expenses.

Does employer pay any of your lobbying expenses directly? If yes, explain which ones.
 No

7. How long do you expect to lobby for this organization?

Permanent lobbyist Only during legislative session Other, Explain:

8. Is your employer a business or trade association or organization which lobbies on behalf of its members or a representative entity which lobbies on behalf of businesses, groups, associations, or organizations? If "yes," attach a list showing the name and address of each member or funder who has paid fees, dues or other payments over \$1,450 during either of the past two years or is expected to pay over \$1,450 this year.

No Yes. However, no member or funder has paid, pays, or is expected to pay over \$1,450.
 Yes. The list is of parties attached

9. Does your employer have a connected, related or closely affiliated political action committee which will provide funds for you to make political contributions including purchase tickets to fund raising events? If so, list the name of that political action committee.

No
 Yes. Name of the committee is:

10. If lobbyist is a company, partnership or similar business entity which employs others to perform actual lobbying duties, list name of each person who will lobby. (See WAC 390-20-143 and 144 for instructions.)
 Timothy Johnson

11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:

CODE	SUBJECT	CODE	SUBJECT
01 <input type="checkbox"/>	Agriculture	09 <input type="checkbox"/>	Health Care
02 <input checked="" type="checkbox"/>	Business and consumer affairs	10 <input type="checkbox"/>	Higher education
03 <input type="checkbox"/>	Constitutions and elections	11 <input checked="" type="checkbox"/>	Human services
04 <input checked="" type="checkbox"/>	Education	12 <input type="checkbox"/>	Labor
05 <input type="checkbox"/>	Energy and utilities	13 <input type="checkbox"/>	Law and justice
06 <input type="checkbox"/>	Environmental affairs - natural resources - parks	14 <input type="checkbox"/>	Local government
07 <input type="checkbox"/>	Financial institutions and insurance	15 <input type="checkbox"/>	State government
08 <input checked="" type="checkbox"/>	Fiscal	16 <input type="checkbox"/>	Technology
		17 <input type="checkbox"/>	Transportation
		18 <input type="checkbox"/>	Other - Specify:

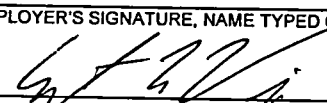
Remarks:

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement.

EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described in this registration statement.

12. LOBBYIST'S SIGNATURE

DATE 12-29-18

EMPLOYER'S SIGNATURE, NAME TYPED OR-PRINTED, AND TITLE

DATE 11-20-18