DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908

## I ORRVIST PEGISTRATION

THIS SPACE FOR OFFICE USE

|  | OLYMPIA WA 98504-0908<br>(360) 753-1111 | LOBBIISI                           | REGISTRATION  | L_T                                    | DATE FILED PDC                                 |
|--|---|------------------------------------|---|--|--|
| Lobbyist Name  | TOLL FREE 1-877-601-2929                |                                    |   | (1/14)                                 | JAN 152019                                     |
| Coyne, Jesemig, LLC  |   |                                    |   |  | OMIN 19 2019                                   |
|  |   |                                    |   |  |  |
| Permanent Business Address   |   |                                    |   | Business Telephone Numbers             |  |
| 625 Delphi Road NW   |   |                                    |   | Permanent                              | ( 360 ) 951-5262                               |
|  |   |                                    |   | Temporary (                            | )  |
| City<br>Olympia  |   | State                              | Zip   |  | 360 ) 951-5262                                 |
|  |   | WA                                 | 98501   | or Pager                               |  |
| Temporary Thurston County address during legislative session   |   |                                    |   | E-Mail Addre                           | SS   |
|  |   |                                    |   | dancoyne@coynejesemig.com              |  |
| Employer's name and address (person or group for which you lobby)  West Page 1, 1000 A begreathy Pad NE Address (2000)   |   |                                    |   | Employer's or                          | cupation, business or description of           |
| WestRock, 1000 Abernathy Rd NE, Atlanta, GA 30328  |   |                                    |   | purpose of or<br>Corrugated a          | ganization<br>nd consumer packaging, recycling |
|  |   |                                    |   | Paper Mil                              | ł  |
| 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 Addres                          |  |
| Jackie White, Regional Manager, State Government Relations   |   |                                    |   | jacquelir                              | e.white@westrock.com                           |
| 801 E Portland Avenue Tacoma, WA 98421  5. What is your pay (compensation) for lobbying?  Description of employment (check one of the compensation)  |   |                                    |   |  |  |
| \$ 2,250 per month   |   |                                    |   | or more poxes)                         | M. Cala dia da la labora                       |
| (hour, day, month, year) Other: Explain:   |   |                                    | ☐ Part time or temporary employee   |  | Sole duty is lobbying Lobbying is only a part  |
| , · · · · · · · · · · · · · · · · · · ·  |   |                                    | Contractor, retainer or similar agree     Unsalaried officer or member of gro |  | of other duties                                |
| Are you reimbursed for lobbying expenses? Explain which expenses.  |   |                                    | Does employer pay any of your lobbying  | ·                                      | itly?  |
| ☐ Yes: \$ per<br>x☐ Yes: I am reimbursed for expenses. SOME  |   |                                    | If yes, explain which ones.   | •                                      | •  |
| ☐ No: I am no  | ot reimbursed for expenses.             |                                    | no  |  |  |
| _  | pect 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 labbles as heart for the session of the sess |   |                                    |   |  |  |
| 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 (excluding individuals) who has paid fees, dues or other payments over \$500 during either of the past two years or is expected to pay over \$500 this year.  |   |                                    |   |  |  |
| □ No □ Yes. However, no member or funder has paid, pays, or is expected to pay over \$500. □ 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.)   |   |                                    |   |  |  |
| 143 and 144 for instructions.) (See WAC 390-20-  |   |                                    |   |  |  |
| Dan Coyne  11. Areas of interest. Lobbying is most frequent before legislative committee members   Remarks:  |   |                                    |   |  |  |
| or state agencies concerned with following subjects:   |   |                                    |   |  |  |
| CODE SUBJECT 01   Agriculture  |   | SUBJECT<br>-lealth Care            |   |  |  |
| 02 Business and 03 Constitutions   | d consumer affairs 10 🔲 🖡               | ligher education<br>luman services |   |  |  |
| 04 ☐ Education<br>05 ☑ Energy and u  | 12 🛭 L                                  | abor                               |   | •                                      |  |
| 06 Environment resources -   | tal affairs - natural 14 🔯 L            | aw and justice<br>ocal government  |   |  | ,  |
| 07 Financial instinution   | titutions and 16 🖾 T                    | State government<br>echnology      |   | ,                                      |  |
| 08 🖾 Fiscal  |   | ransportation<br>Other - Specify:  |   |  |  |
| CERTIFICATION: 1   | nereby certify that the above is a tore | complete and corner                | ENDI OVEDIO ALIZIAZIONI   | `                                      |  |
| CERTIFICATION: I hereby certify that the above is a true, complete and correct statement.  12. LOBEYIST'S, SIGNATURE   |   |                                    | EMPLOYER'S AUTHORIZATION: C in this registration statement.                   |  | į.   |
| No. of Street, | - 1 - 1                                 | 14119                              | EMPLOYER'S SIGNATURE, NAME TY   | PED OR PRIN                            | FED, AND TITLE HOF, DATE                       |
| Doc Form L-1 (rev. 1/4) Jacqueilne White, / State Gw. Cu. 1-9-   |   |                                    |   |  |  |
| V NOT VALID UNLESS SIGNED BY BOTH  |   |                                    |   |  |  |