

LOBBYIST REGISTRATION

L1
(1/14)

THIS SPACE FOR OFFICE USE

DATE FILED PDC

FEB 07 2019

1. Lobbyist Name
NW Policy Group - Timothy Johnson

Permanent Business Address
336 36th St. #212
Bellingham WA 98225
 City State Zip

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

2. Temporary Thurston County address during legislative session

E-Mail Address
timj@nwpolicygroup.com

3. Employer's name and address (person or group for which you lobby)
WA State Beauty Profession Alliance

Employer's occupation, business or description of purpose of organization
Business 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.)
Kristin Carron 4260 Cordata Pkwy Ste 102 Bellingham, WA 98226

E-Mail Address
Kristin.Carron@gmail.com

5. What is your pay (compensation) for lobbying?
 \$ *0* per *pro bono*
 (hour, day, month, year)
 Other: Explain:

Description of employment (check one or more boxes)
 Full time employee
 Part time or temporary employee
 Contractor, retainer or similar agreement
 Unsalaries officer or member of group
 Sole duty is lobbying
 Lobbying is only a part of other duties

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 (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.)
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 type="checkbox"/> Human services
04 <input 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 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 *1-26-19*

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE
Kristin Carron
 DATE *1/26/19*