



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

*amended*

LOBBYIST REGISTRATION

DATE FILED PDC  
 THIS SPACE FOR OFFICE USE

L1

(12/03)

DEC 20 2016

1. Lobbyist Name

*Northwest Policy Group*

Business Telephone Numbers

Permanent *360)223-5996*

Temporary ( )

Cell Phone or Pager *360)223-5996*

E-Mail Address

*timj@nwpolicygroup.co*

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

*Business Organization*

Permanent Business Address

*336 30th St. #212*

City

State

Zip

*Bellingham Wa. 98225-4580*

2. Temporary Thurston County address during legislative session

3. Employer's name and address (person or group for which you lobby)

*Washington State Food Truck Association*

*Attn: Lori Johnson 7 Thunder Peak Way Bellingham, Wa. 98229*

E-Mail Address

*lori@wagoodtrucks.org*

4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports. (Person responsible for producing the annual L3 report)

*Lori Johnson - Executive Director*

5. What is your pay (compensation) for lobbying?

\$ 95 per hour  
 (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
- Unsalariated 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 similar organization which lobbies on behalf of its members? If "yes," attach a list showing the name and address of each member who has paid the association 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 has paid, pays, or is expected to pay over \$500.
- Yes. The list is 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"/>            | Higher education |
| 02 <input checked="" type="checkbox"/> | Business and consumer affairs                     | 10 <input type="checkbox"/>            | Human services   |
| 03 <input type="checkbox"/>            | Constitutions and elections                       | 11 <input checked="" type="checkbox"/> | Labor            |
| 04 <input type="checkbox"/>            | Education   | 12 <input type="checkbox"/>            | Law and justice  |
| 05 <input type="checkbox"/>            | Energy and utilities                              | 13 <input checked="" type="checkbox"/> | Local government |
| 06 <input type="checkbox"/>            | Environmental affairs - natural resources - parks | 14 <input type="checkbox"/>            | State government |
| 07 <input type="checkbox"/>            | Financial institutions and insurance              | 15 <input type="checkbox"/>            | Transportation   |
| 08 <input type="checkbox"/>            | Fiscal  | 16 <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

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

DATE

*[Signature]*

*12-13-16*

*12-19-16*

*[Signature]*  
*Lori Johnson*  
*Executive Director*  
 12/13/16

NOT VALID UNLESS SIGNED BY BOTH