

# LOBBYIST REGISTRATION

THIS SPACE FOR OFFICE USE  
**DATE FILED FOR**  
**L1**  
 (12/14)  
**JUN 02 2017**

1. Lobbyist Name  
**ROBERT THOMAS, The Navigation Group**

Permanent Business Address  
**3801 N. 27TH ST, STE 7221**

Business Telephone Numbers  
 Permanent ( )  
 Temporary ( )

City State Zip  
**TACOMA WA 98417**

Cell Phone (253) 307-8427  
 or Pager

2. Temporary Thurston County address during legislative session  
**N/A**

E-Mail Address  
**robert@navigationgrp.com**

3. Employer's name and address (person or group for which you lobby)  
**WOODS at Sylvia Creek, LLC**  
**71 State Route 107, Montesano, WA 98563**

Employer's occupation, business or description of purpose of organization  
**Development, Developer**

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.)  
**ROBERT THOMAS**

E-Mail Address  
**robert@navigationgrp.com**

5. What is your pay (compensation) for lobbying?  
 \$ 2900 per Month  
 (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 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.)  
**The Navigation Group LLP, ROBERT THOMAS**

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

01 <input type="checkbox"/> Agriculture	02 <input type="checkbox"/> Business and consumer affairs	03 <input type="checkbox"/> Constitutions and elections	04 <input type="checkbox"/> Education	05 <input type="checkbox"/> Energy and utilities	06 <input checked="" type="checkbox"/> Environmental affairs - natural resources - parks	07 <input type="checkbox"/> Financial institutions and insurance	08 <input type="checkbox"/> Fiscal
09 <input type="checkbox"/> Health Care	10 <input type="checkbox"/> Higher education	11 <input type="checkbox"/> Human services	12 <input type="checkbox"/> Labor	13 <input type="checkbox"/> Law and justice	14 <input type="checkbox"/> Local government	15 <input type="checkbox"/> State government	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  
**Robert Thomas 3/25/17**

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE DATE  
**Paul Willis 3-26-17**