PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 200 PO BOX 40908 OLYMPIA WA 98504-0908

Port Angeles

Employer's Lobbying Expenses

L3

THIS SPACE FOR OFFICE USE

(360) 753-1111 1/15 **TOLL FREE 1-877-601-2828** DATE FILED PDC Employer's Name (Use complete company, association, union or entity name.) Nippon Paper Industries USA Co., Ltd. MAR 1 4 2018 Attention (Identify person to whom inquiries about the information below should be directed; NOT the lobbyist.) Steve Johnson Mailing Address Telephone (360) 457-0633 5737 S. Pastoral Drive City State Zip + 4 E-Mail Address Year Report Covers

THIS REPORT MUST BE FILED BY THE <u>LAST DAY OF FEBRUARY</u>. Include expenditures made and accrued during the previous calendar year for lobbying the Washington State Legislature and/or any state agency. Complete all sections. Use "none" or "0" when applicable.

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2. Identify each of your lobbyists/lobbying firmsbelow. In column 1, show the full amount of salary or fee each earned for lobbying. In column 2, show the full amount paid (plus obligated) for other lobbying related expenses hat were made by or through the lobbyist and reported by the lobbyist on the monthly L-2 report (e.g., contributions to legislative candidates, reimbursement for entertainment expenses, etc.). Compute the subtotals across and down the columns; put the grand total of expenses incurred by or through lobbyists in the space designated.

Names of Registered Lobbyists (if p	payments were to lobbying firm, list firm name)	Col 1-5	Salary	Col 2-Other	1	Total Amount
Boswell Consulting			15,500	\$ 0	\$	15,500
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· · · · · · · · · · · · · · · · · · ·						
	Total From Attached Page					,
☐ Information continued on attached pages		Total	Expenses E	y or Through Lobbyists	\$	15,500
DO NOT INCLUDE EXPENDITURES	ALREADY ACCOUNTED FOR IN ITEM 2 ABOVE whe	n completing	Items 3 thr	ough 7 below.		
	oyer for lobbying purposes. Show total expenditures made/a		3		\$	
, , , , , , , , , , , , , , , , , , , ,	es or others retained to provide lobbying services who offer spe		edge or exp	ertise that assists		
	travel expenses (e.g., transportation, meals, lodging, etc.) and uployees and members of their immediate families; (Also com		course fees p	provided to		-
d. for composing, designing, produc	ing and distributing informational materials for use primarily t	o influence leg	gishtion; and	المراكبين المحدرات		many and you are not
e. for grass roots lobbying expenses, including those previously reported by employer on Form L-6, and payments for lobbying communications to clients/customers (other than to corporate stockholders and members of an organization or union).						
4. Political contributions to candidates for legislative or statewide executive office, committees supporting or opposing these candidates, or committees supporting or opposing statewide ballot measures. (Also completel						1
a.' Contributions made directly by the employer, including those previously reported on PDC Form L-3c.						
 If contributions were made by a political committee associated, affiliated or sponsored by the employer, show the PAC name below. (Information reported by the PAC on C-4 reports need not be again included as part of this L-3 report.) 						,
Name of PAC		*				
5. Independent expenditures supporting complete Item 11.)	or opposing a candidate for legislative or statewide executive of	office or a state	wide ballot	measure. (Also		
Expenditures to or on behalf of legisla influencing, honoring or benefiting th	ators, state officials, or their spouse, registered domestic partne e legislator or official. (Normal course of business payments a	r and depender are not reportab	nts for the pi	rpose of omplete Item 14.)		-
	whether through or on behalf of a registered lobbyist. Attach liot include payments accounted for above.	ist itemizing ea	ich expense	(i.e., show date,		
		•	Total L	obbying Expenses	\$	15,500
	-			(Items 2 thru 7)		
This report must be certified by the pr	resident, secretary-treasurer or similar office of lobbying emplo	yer.		•		*

Certification: I certify that this report is true, complete and correct to the best of my knowledge.

Signature of Employer Officer

Date

Printed Name and Title of Officer: Steve Johnson, Corporation Representative

February 27, 2018

CONTINUE ON REVERSE

Employer's Name	Vea	r report covers:				
Nippon Paper Industries USA Co., Ltd.		017				
 Entertainment, tickets, passes, travel expenses (including trans employees and members of their immediate families. See inst 	9. Entertainment, tickets, passes, travel expenses (including transportation, meals, lodging, etc.) and enrollment or course fees provided to legislators, state officials, state employees and members of their immediate families. See instruction manual for details.					
Name and Title		Cost or Value	Date and Description of Expense			
		\$				
			,			
Information continued on attached pages						
 Contributions (not reported by the lobbyist) totaling over \$25 t candidates or a committee supporting or opposing a statewide 	to a legislative or statewide ex	ecutive office candida	te, a committee formed to support or oppose one of these			
Name of Recipient	banot measure. Do not his th	Amount	Date (and, if In-Kind, Description)			
•			bate (and, it in Kind, Description)			
		\$				
	·					
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	-					
Information continued on attached pages						
11. Independent expenditures in support of or opposition to a) a le	gislative or statewide executiv	e office cardidate or b) a statewide ballot proposition.			
See instruction manual for definition of "independent expe			• •			
Candidate's Name, Office Sought & Party Ballot Proposition Number & Brief Descrip		Amount	Date and Description of Expense			
Danot i roposizon Number & Brief Descrip	DROH		(Note if Support or Oppose)			
•		\$				
Information continued on attached pages 12. Compensation of \$2,400 or more during the preceding calenda	ryear for employment or prof	essional services neid	to ctate elected officials, avecessful applied to far state			
office and each member of their immediate family.	i year for employment or pro-	essional services pard	to state elected officials, successful candidates for state			
	elationship to Candidate or	Amount (Code)**	Description of Consideration or Services Exchanged for			
Ek	ected Official if Member of		Compensation			
	Family					
		,				
☐ Information continued on attached pages						
13. Compensation of \$2,400 or more during the preceding calendar	r year for professional services	s paid to any corporati	on, partnership, joint venture, association or other entity			
in which state elected official, successful state candidate or me	-					
Firm Name	Person's Name	Amount (Code)**	Description of Consideration or Services Exchanged for Compensation			
			Compensation			
			,			
☐ Information continued on attached pages	-					
14. Any expenditure, not otherwise reported, made directly or indir	rectly to a state elected official	L successful candidate	for state office or member of their immediate family, if			
made to honor, influence or benefit the person because of his o		•				
Name	ļ	Amount	Date and Purpose			
		\$				
		*				
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Information continued on attached pages						
**DOLLAR		**DOLL				
CODE AMOUNT	CODE	AMOUNT				

A - \$1 to \$4,499 B - \$4,500 to \$23,999 C - \$24,000 to \$47,999 D - \$48,000 to \$119,999 E - \$120,000 or more

INFORMATION CONTINUED

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(Use this page if you need add	litional space for Items 2 or 9)			,	كىل		
Employer's Name Nippon Paper Industries USA Co., Ltd.			Year report covers: 2017				
2. Names of Registered Lobbyi				Col 1-Salary	Col 2-Other	Total Amount	
2. Maines of Registered Coppy	343			\$	S	\$	
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		Total Fro	m This Page				
9. Entertainment, etc.		,					
	Name and Title			Cost or Value	Date and Descr	iption of Expense	
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INFORMATION CONTINUED

(Use this page if you need additional space for Items 10 or 11)

ployer's Name		

Year report covers: Nippon Paper Industries USA Co., Ltd. 2017 10. Contributions Name of Recipient Amount Date (and, if In-Kind, Description) \$ 11. Independent expenditures Candidate's Name, Office Sought & Party or Ballot Proposition Number & Brief Description Date and Description of Expense (Note if Support or Oppose) Amount

INFORMATION CONTINUED

(Use this page if you need additional space for Items 12 thru 14)
Employer's Name

Nippon Paper Industries USA Co., Ltd.

Year report covers:

2017

			.017
12. Compensation of \$2,400 or more for employment, etc.			
Name	Relationship to Candidate or Elected Official if Member of	Amount (Code)**	Description of Consideration or Services Exchanged for Compensation
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12 Company CF2 400		S.	
13. Compensation of \$2,400 or more for professional service Firm Name			
- rimi Name	Person's Name	Amount (Code)**	Description of Consideration or Services Exchanged for
			Compensation
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14. Any expenditure not otherwise reported			_
Name	,	Amount	Date and Purpose
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CODE AMOUNT

A - \$1 to \$4,499 B - \$4,500 to \$23,999 C - \$24,000 to \$47,999

CODE AMOUNT

D - \$48,000 to \$119,999 E - \$120,000 or more

Emplyer sent to Ludyist instead of PAC by mistake Sorry For Luthers Court happen again