West Virginia Ethics Commission

Lobbyist Activity Report Form

2023-01

West Virginia Ethics Commission Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301 304-558-0664

No faxed copies

For office use only:
Postmark _____

Days late ___9

Rec'd

\$90

Fine _

Late reporting fine - \$10 per business day past the due date (\$250 maximum)

| 1. Name and contact information | | | | | | | | | |
|---|---|------------|------------|--------------|------------|------------|------------|----------------|--|
| Name | | | | | Phone | | | | |
| Address | | | | | Email | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| City, State Zip | | | | | | | | | |
| | | | | | | | | | |
| 2. Reporting period for which this activity report is being filed | | | | | | | | | |
| Check | <u> </u> | Due Date | | | | | | | |
| х | 2023-01 1/1/23-4/30/23 | 5/15/23 | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 3. Li | List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary. | | | | | | | | |
| J. LI | | | | | | | | | |
| 1. | · | | | 4 | | | | | |
| 2 5 | | | | | | | | | |
| | | | | | | | | | |
| 3 6 | | | | | | | | | |
| | | | | | | | | | |
| 4. Lobbying activity summary - If there was no activity or expenditures, indicate "none." | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| 5. Expenditures | | | | | | | | | |
| If no expenditures, including campaign contributions, mark here: | | | | | | | | | |
| If you spent money on any public official, employee or member of his or her immediate family, list the amounts spent in each of the following | | | | | | | | | |
| categories per each employer you represent. Complete and attach Schedule A to this report. | | | | | | | | | |
| Expen | diture Categories | Employer 1 | Employer 2 | Employer 3 | Employer 4 | Employer 5 | Employer 6 | Total Expended | |
| A. | Meals and Beverages | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| B. | Lodging | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| C. | Advertising | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| D. | Travel | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| E. | Gifts | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| F. | Other Expenses | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| G. | Group Expenditures | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| Н. | Campaign Contributions | | | PENDED" COLU | | T A | | \$ | |
| I. | TOTAL of all expenditures | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| If you sponsored or contributed to any group event or shared expenses, list the total expended in category 5G immediately above. Complete and | | | | | | | | | |
| attach | attach a Schedule B for each event. | | | | | | | | |