Received

MAY 5 2023

WV Ethics Commission

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

For office use only: Postmark

Days late

No faxed copies

Rec'd

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

1. Name and contact information									
Name Stacey Ruckle						Phone 304-344-3557			
Address 501 Leon Sullivan Way						Email sruckle@wvaflcio.org			
Linding Control of the Control of th									
01 1 1 140/05004									
City, State Zip Charleston WV 25301									
2. Reporting period for which this activity report is being filed									
Check	Report	Period	Due Date						
х	2023-01	1/1/23-4/30/23	5/15/23			A Procession			
						252			
				Say English Say		STRUMBUR			
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.									
1. West Virginia AFL-CIO									
3 6									
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."									
All issues pertaining to the health and welfare of working people									
5. Èx	penditures								
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.									
Expenditure Categories			Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended
Α.		Beverages	\$0	\$	Ś	\$	S	\$	\$0
В.	Lodging		\$0	\$	\$	\$	\$	\$	\$0
c.	Advertising	g	\$0	\$	\$	\$	\$	\$	\$0
D.	Travel		\$0	\$	\$	\$	\$	\$	\$0
E.	Gifts		\$0	\$ \$		\$	\$	\$	\$0
F.	Other Expe	enses	\$0	\$	\$	\$	\$	\$	\$0
G.	Group Exp		\$0	\$	\$	\$	\$	\$	\$0
Н.	Campaign	Contributions	LIST AMOUN	T IN "TOTAL EX	PENDED" COLU	MN.	T = ==		\$0

\$

If you sponsored or contributed to any group event or shared expenses, list the total expended in category 5G immediately above. Complete and

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\$0

attach a Schedule B for each event.

TOTAL of all expenditures