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

By WV Ethics Commission at 10:14 am, Sep 15, 2023

**West Virginia Ethics Commission** 

## **Lobbyist Activity Report Form**

2023-02

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

04-558-0664 No faxed copies

For office use only:

| 1. Name and contact information  |                    |                |            |            |            |            |                        |            |                |
|--|--------------------|----------------|------------|------------|------------|------------|------------------------|------------|----------------|
| Name Clifton Addison   |                    |                |            |            |            | Phone      | 646-324-8250           |            |                |
| Address PO Box 4184  |                    |                |            |            |            | Email      | lobbyreg@everytown.org |            |                |
| Address Ellidii  |                    |                |            |            |            |            |                        |            |                |
|  |                    |                |            |            |            |            |                        |            |                |
| City, State ZipNew York, NY 10163  |                    |                |            |            |            |            |                        |            |                |
|  |                    |                |            |            |            |            |                        |            |                |
| 2. Reporting period for which this activity report is being filed  |                    |                |            |            |            |            |                        |            |                |
| Check  |                    | Period         | Due Date   |            |            |            |                        |            |                |
| х  | 2023-2 5           | 5/1/23-8/31/23 | 9/15/23    |            |            |            |                        |            |                |
|  |                    |                |            | _          |            | _          |                        |            |                |
|  |                    |                |            |            |            |            |                        |            |                |
| 3. List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary.   |                    |                |            |            |            |            |                        |            |                |
| Everytown for Cun Sefety Action Fund   |                    |                |            |            |            |            |                        |            |                |
| 1. Everytown for Gun Safety Action Fund 4.   |                    |                |            |            |            |            |                        |            |                |
| 2  |                    |                |            |            |            |            |                        |            |                |
| 3 6  |                    |                |            |            |            |            |                        |            |                |
|  |                    |                |            |            |            |            |                        |            |                |
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| 4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."  |                    |                |            |            |            |            |                        |            |                |
| None   |                    |                |            |            |            |            |                        |            |                |
|  |                    |                |            |            |            |            |                        |            |                |
|  |                    |                |            |            |            |            |                        |            |                |
|  |                    |                |            |            |            |            |                        |            |                |
| 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 Categor     | ies            | Employer 1 | Employer 2 | Employer 3 | Employer 4 | Employer 5             | Employer 6 | Total Expended |
| A.   | Meals and Be       | everages       | \$         | \$         | \$         | \$         | \$                     | \$         | \$             |
| B.   | Lodging            |                | \$         | \$         | \$         | \$         | \$                     | \$         | \$             |
| C.   | Advertising        |                | \$         | \$         | \$         | \$         | \$                     | \$         | \$             |
| D.   | Travel             |                | \$         | \$         | \$         | \$         | \$                     | \$         | \$             |
| E.   | Gifts              |                | \$         | \$         | \$         | \$         | \$                     | \$         | \$             |
| F.   | Other Expens       | ses            | \$         | \$         | \$         | \$         | \$                     | \$         | \$             |
| G.   | Group Expenditures |                | \$         | \$         | \$         | \$         | \$                     | \$         | \$             |
| Н.   | Campaign Co        |                |            |            |            |            |                        |            | \$             |
| l.   |                    | 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 a Schedule B for each event.  |                    |                |            |            |            |            |                        |            |                |