RECEIVED

By WV Ethics Commission at 8:34 am, Sep 14, 2023

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

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 No faxed copies

For office use only:

 Postmark ______
 Rec'd ______

 Days late ______
 Fine ______

Name										
Address	1. N	ame and contact information								
Address	Name		Phone							
City, State Zip										
2. Reporting period for which this activity report is being filed Check Report Period Due Date	Addre	ss	Email							
2. Reporting period for which this activity report is being filed Check Report Period Due Date										
2. Reporting period for which this activity report is being filed Check Report Period Due Date	City. State 7in									
Check Report Period Due Date										
Check Report Period Due Date	2. Describes registed for which this satisfic requisite being filed									
3. List all employers/organizations that you represent as a lobbyist 1				t is being filed						
3. List all employers/organizations that you represent as a lobbyist 1			-	-						
1	^	2023-02 4/1/23-6/31/23	9/13/23	_						
1				_						
1		L L	I						I	
2	3. List all employers/organizations that you represent as a lobbyist									
2	1.				4.					
3										
4. Lobbying activity summary - If there was no activity or expenditures, indicate "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. Expenditure Categories Employer 1 Employer 2 Employer 3 Employer 4 Employer 5 Employer 6 Total Expended A. Meals and Beverages \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	z 5									
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. Expenditure Categories Employer 1 Employer 2 Employer 3 Employer 5 Employer 6 Total Expended A. Meals and Beverages \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3 6									
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. Expenditure Categories Employer 1 Employer 2 Employer 3 Employer 5 Employer 6 Total Expended A. Meals and Beverages \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$										
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. Expenditure Categories Employer 1 Employer 2 Employer 3 Employer 5 Employer 6 Total Expended A. Meals and Beverages \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."									
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 A. Meals and Beverages \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$										
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 A. Meals and Beverages \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$										
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 A. Meals and Beverages \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$										
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 A. Meals and Beverages \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$										
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 A. Meals and Beverages \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$										
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 A. Meals and Beverages \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	5. Expenditures									
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 A. Meals and Beverages \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	·									
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 A. Meals and Beverages \$ \$ \$ \$ \$ \$ \$ B. Lodging \$ \$ \$ \$ \$ \$ \$ \$ C. Advertising \$ \$ \$ \$ \$ \$ \$ \$ D. Travel \$ \$ \$ \$ \$ \$ \$ \$ E. Gifts \$ \$ \$ \$ \$ \$ \$ \$ F. Other Expenses \$ \$ \$ \$ \$ \$ \$ G. Group Expenditures \$ \$ \$ \$ \$ \$ \$ H. Campaign Contributions LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. \$ \$ \$ \$ I. TOTAL of all expenditures \$ \$ \$ \$ \$ \$										
Expenditure Categories	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '									
A. Meals and Beverages \$			1				Employer 5	Employer 6	Total Expended	
B. Lodging \$<	-		\$	\$	\$	\$	\$			
C. Advertising \$ <t< td=""><td></td><td></td><td></td><td></td><td>_</td><td>· ·</td><td></td><td></td><td></td></t<>					_	· ·				
D. Travel \$ </td <td>C.</td> <td></td> <td>· ·</td> <td></td> <td></td> <td>\$</td> <td>\$</td> <td></td> <td>\$</td>	C.		· ·			\$	\$		\$	
E. Gifts \$ <td>D.</td> <td>_</td> <td></td> <td></td> <td><u> </u></td> <td><u> </u></td> <td></td> <td></td> <td></td>	D.	_			<u> </u>	<u> </u>				
F. Other Expenses \$	E.	Gifts		4 -	\$	\$	\$	\$	\$	
G. Group Expenditures \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	F.	Other Expenses			\$	\$	\$		\$	
H. Campaign Contributions LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. S \$ \$ \$ \$ \$ \$ \$ \$	G.	· · · · · · · · · · · · · · · · · · ·	\$		\$	\$	\$	\$	\$	
I. TOTAL of all expenditures \$ \$ \$ \$ \$ \$	Н.		LIST AMOUN	IT IN "TOTAL EX	KPENDED" COLU	MN.			\$	
If you sponsored or contributed to any group event or shared expenses, list the total expended in category 5G immediately above. Complete and	I.						\$	\$	\$	
	If you	sponsored or contributed to a	nv group event	or shared expe	enses. list the tot	al expended in c	ategory 5G imn	nediately above	e. Complete and	

Continued on page 2