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By WV Ethics Commission at 3:52 pm, 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

Postmark

Days late

304-558-0664 No faxed copies For office use only:

Rec'd_

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

1. Name and contact information										
Name Diego Echeverri						Dhono 2	Phone 202-984-1342			
Address 611 Pennsylvania Ave SE										
									Tiocracyusa.org	
Suite 201										
City, State Zip Washington, DC 20003										
	porting period for which this activity report is being filed									
Check	Report	Period	Due Date	_		_				
Х	2023-2	5/1/23-8/31/23	9/15/23	-		_				
				-		_				
3. Li	3. List all employers/organizations that you represent as a lobbyist									
1.	1. Secure Democracy USA 4.									
2.	2 5									
3.	3 6									
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
None.										
5. Expenditures										
If no expenditures, including campaign contributions, mark here: X										
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	\$0	\$	\$	\$	\$	\$	\$0	
B.	Lodging		\$0	\$	\$	\$	\$	\$	\$0	
C.	Advertising		\$0	\$	\$	\$	\$	\$	\$0	
D.	Travel		\$0	\$	\$	\$	\$	\$	\$0	
E.	Gifts		\$0	\$	\$	\$	\$	\$	\$0	
F.	Other Expenses		\$0	\$	\$	\$	\$	\$	\$0	
G.	Group Expenditures		\$0	\$	\$	\$	\$	\$	\$0	
H.	Campaign	Campaign Contributions LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.				MN.			\$0	
l.	TOTAL of	all expenditures	\$ 0	\$	\$	\$	\$	\$	\$ 0	
If you	sponsored o	r contributed to an	y group event	or shared exper	nses, list the tota	al expended in ca	ategory 5G imn	nediately above	e. Complete and	
attach	attach a Schedule B for each event.									