## RECEIVED

By WV Ethics Commission at 9:42 am, Sep 22, 2023

## West Virginia Ethics Commission <br> Lobbyist Activity Report Form 2023-02

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

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

| 304-558-0664 <br> For office use only: <br> Postmark_- <br> Days late -5 | Rec'd | No faxed copies |
| :--- | :--- | :--- | :--- |
|  |  | Fine $\quad \$ 50.00$ |

## 1. Name and contact information


city, state zip FRANK fort, Ky 40601
2. Reporting period for which this activity report is being filed


| 3. List all employers/organizations that you represent as a lobbyist | Use additional reporting forms if necessary. |
| :--- | :--- | :--- |
| 1. AmeRICAN CANCRRSOCiety CANCeRACTIONA. |  |
| 3. |  |

4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."
NONe

| 5. Expenditures |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| If no expenditures, including campaign contributions, mark here: _ ${ }_{\text {- }}$ |  |  |  |  |  |  |  |  |
| 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 | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| B. | Lodging | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| C. | Advertising | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| D. | Travel | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| E. | Gifts | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| F. | Other Expenses | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| G. | Group Expenditures | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| H. | Campaign Contributions | LIST AMOUN | IN "TOTAL E | ENDED" COLl | N. |  | 2 | \$ |
| I. | TOTAL of all expenditures | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| If you sponsored or contributed to any group event or shared expenses, list the total expended in category 5 G immediately above. Complete and attach a Schedule B for each event. |  |  |  |  |  |  |  |  |

