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By WV Ethics Commission at 9:01 am, Jan 04, 2024

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

West Virginia Ethics Commission

Lobbyist Activity Report Form

2023-03

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

Days late_

No faxed copies

Rec'd_

For office use only:
Postmark

1. Name and contact information										
Name Lucier Valentie						Phone _	Phone 304-579-0434			
Address 3450 Golf Course Resail Email Micavalentine 10 @ grantil.com										
The state of the s										
00										
City, State zip Martine Bury, W 15405										
2. R	7 1 0									
Check		Period	Due Date							
Х	2023-3	9/1/23-12/31/23	1/15/24	_						
				-						
3. List all employers/organizations that you represent as a lobbyist										
1. West Virginia Environmental Council 4.										
·										
2 5										
3 6										
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
MVEC brugnt ogranola boxs and a conse of norter for a well town. hille me hotted for legislators at Kanawa Storte Forest.										
hille me hotted for legislators at Kanawa State Forest.										
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.										
							Employer F	Employer 6	Total Ermandad	
	diture Catego		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
Α.	Meals and	Beverages	\$ 11 .50 \$	\$	\$	\$	\$	\$	\$ 11 · 5 0	
B. C.	Lodging	*	\$	\$	\$	\$	\$	\$	\$	
D.	Advertising Travel	3	\$	\$	\$	Ś	\$	\$	\$	
E.	Gifts		\$	\$	\$	\$	\$	\$	\$	
F.	Other Expe	enses	\$	\$	Ś	Ś	\$	\$	\$	
G.	Group Expe		\$	Ś	Ś	Ś	Ś	Ś	\$	
H.		aign Contributions LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. \$							•	
l.			\$ 11.00	\$	\$	\$	\$	\$	\$	
If you			,, ,,		nses, list the tota	al expended in ca	-	nediately above	e. Complete and	
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.										