

Received
 JAN 16 2020
 WV ETHICS COMMISSION

West Virginia Ethics Commission
Lobbyist Activity Report Form

2019-03

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 1 Fine \$10

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

1. Name and contact information

Name Joseph M. Ward Phone 304-345-0111
 Business Address 500 Virginia Street, East Business Email jward@fbtlaw.com
Suite 1100
 City, State Zip Charleston, WV 25301

2. Reporting period for which this activity report is being filed

Check	Report	Period	Due Date				
x	2019-3	9/1/19 - 12/31/19	1/15/2020				

3. List all employers/organizations that you represent as a lobbyist *Use additional reporting forms if necessary.*

1. <u>American Municipal Power, Inc.</u>	4. <u>National Electrical Manufacturers Association (NEMA)</u>
2. <u>National Football League, c/o MultiState Associates, Inc.</u>	5. <u>Pharmaceutical Care Management Association (PCMA)</u>
3. <u>U.S. Hemp Roundtable, Inc.</u>	6. _____

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

Communicate with Adminstration and Legislature regarding various legislation.

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	\$	\$	\$	\$	\$	\$	\$
B. Lodging	\$	\$	\$	\$	\$	\$	\$
C. Advertising	\$	\$	\$	\$	\$	\$	\$
D. Travel	\$	\$	\$	\$	\$	\$	\$
E. Gifts	\$	\$	\$	\$	\$	\$	\$
F. Other Expenses	\$	\$	\$	\$	\$	\$	\$
G. Group Expenditures	\$	\$	\$	\$	\$	\$	\$
H. Campaign Contributions	<i>LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.</i>						\$
I. TOTAL of all 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.