Received

JAN 05 2021

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Activity Report Form 2020-03

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
 No faxed copies

 For office use only:

 Postmerk
 Rec'd

 Days late
 Fine

1. Name and contact information												
Name Lewis Begovich Phone 304-550-5790												
Business Address 1560 Kanawha Blvd East						Business Email Ibegovich@eascarpenters.org						
City, State Zip Charleston WV 25311												
2. Reporting period for which this activity report is being filed												
Check	Report	Period	Due Date									
x	2020-3	9/1/20 - 12/31/20	1/15/202	1								
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.												
S. List an employers/organizations that you represent as a lobbyist Ose dualitonia reporting forms if necessary. 1. EASRCC 4. 2. 5. 3. 6.												
Lobbying activity summary - If there was no activity or expenditures, indicate "none." None												
5. E)	penditure	s	· · · · · · · · · · · · · · · · · · ·									
If no expenditures, including campaign contributions, mark here:												
If you s	pent mon	ey on any public officient of the second secon	ial, employee	or member of	his or her imm		he amounts sp	ent in each of t	he following			
	diture Cate	and the second se	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended			
A.			\$	\$	\$	\$	\$	\$	\$			
В.	Lodging	the second se	\$	\$	\$	\$	\$	\$	\$			
C.	Advertisi	and the second se	\$	\$	\$	\$	\$	\$	\$			
D.	Travel	and the second se	\$	\$	\$	\$	\$	\$	\$			

Ε.	Gifts	\$	\$	\$	\$	\$	\$	\$			
F.	Other Expenses	\$	\$	\$	\$	\$	\$	\$			
G.	Group Expenditures	\$	\$	\$	\$	\$	\$	\$			
Н.	Campaign Contributions	LIST AM	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.								
1.	TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$			
If you	sponsored or contributed to a	ny group e	vent or shared	expenses, list th	e total expende	d in category 50	immediately al	ove. Complet	e and		
attach	a Schedule B for each event.										