## Received

## JAN 072021

## West Virginia Ethics Commission WV 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 Days late
$\qquad$ nerd Fine

1. Name and contact information
Name Loarie H Butcher $\quad$ Phone 304.543 .7174

Business Address PO Box 432 Business Email Ihb@inbstrat.com
Pinch WV 25156

## City, State Z1p

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

| Check | Report | Period | Due Date |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| $x$ | $2020-3$ | $9 / 1 / 20-12 / 31 / 20$ | $1 / 15 / 2021$ |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

3. List all employers/organizations that you represent as a lobbyist
4. Tidal Basin
5. Microsoft
6. Save the Children
7. WV School Board Psso.

Use additional reporting forms if necessary.
4. WV Nurses Association
5. WV Adult Education Association
6. American Massage Therapy Association
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none. $\mathbb{E}$

N/A
5. Expenditures

If no expenditures, including campaign contributions, mork here: $-\checkmark$
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$5$ | $\begin{array}{\|l\|l\|} \hline \text { Employer } 3 \\ \hline \$ \\ \hline \end{array}$ | Employer 4 <br> \$ | Employer 5$\$$ | $\text { Employer } 6$ | Total Expended \$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| A. | Meals and Beverages |  |  |  |  |  |  |  |
| B. | Lodging | \$ | \$ | \$ | 5 | \$ | 5 | 5 |
| C. | Advertising | \$ | \$ | \$ | 5 | \$ | \$ | \$ |
| D. | Travel | 5 | \$ | \$ | \$ | 5 | \$ | \$ |
| E. | Gifts | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| F. | Other Expenses | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| G. | Group Expenditures | \$ | 5 | \$ | \$ | \$ | \$ | 5 |
| H. | Campaign Contributions | LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. |  |  |  |  |  | \$ |
| 1. | TOTAL of all expenditures | \$ | \$ | \$ | \$ | \$ | \$ | \$0 |

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.

