## West Virginia Ethics Commission

 Lobbyist Activity Report Form 2020-03Late 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: Postmark Days late

Fine

| 1. Name and contact information |  |
| :--- | :--- |
| Name GARY DOUGHERTY |  |
| Business Address 4578 BLUEBIRD DRIVE | Phone 800-676-4065 x4832 |
| City, State Zip POWELL, OH 43065 |  |

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

Use additional reporting forms if necessary.

1. AMERICAN DIABETES ASSOCIATION
2. 

$\qquad$ 5. $\qquad$
3. $\qquad$ 6. $\qquad$
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."

Communication with Governor's staff re: diabetes-related issues

## 5. Expenditures

If no expenditures, including campaign contributions, mark here: $-\downarrow$
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 AMOUNT IN "TOTAL EXPENDED" COLUMN. |  |  |  |  |  | \$ |
| 1. | 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.

