## Received

## JAN 052021

## West Virginia Ethics Commission Lobbyist Activity Report Form <br> 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 $\quad$ No faxed copies |
| For office use only: |
| Postmark <br> Days late$\quad$ Recd |

Attn: Lobbyist Registrar
210 Brooks St., Ste. 300
Charleston, WV 25301

| 1. Name and contact information |
| :--- |
| Name Margot Saunders |
| Business Address 1001 Connecticut Ave, NW |
| City, state Zip Washington, DC 20036 |


| 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.
Good News Mountaineer Garage
4.
s. $\qquad$
2.
6. $\qquad$
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none." none

## 5. Expenditures

If no expenditures, including campaign contributions, mark here: $\square$
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 5 G immediately above. Complete and attach a Schedule B for each event.

