

# Lobbyist Activity Report Form

2018-02

Received

SEP 04 2018

WV Ethics Commission

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:

Postmark \_\_\_\_\_

Rec'd \_\_\_\_\_

Days late \_\_\_\_\_

Fine \_\_\_\_\_

**1. Name and contact information**

Name Michael I. Spiker

Phone (304) 346-7000

Address P.O. Box 2107

Email mis@goodwingoodwin.com

City, State Zip Charleston, West Virginia 25328-2107

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

Check	Report	Period	Due Date					
x	2018-2	5/1/18-8/31/18	9/17/2018					

**3. List all employers/organizations that you represent as a lobbyist**

Use additional reporting forms if necessary.

- |                                  |          |
|----------------------------------|----------|
| 1. <u>Fresenius Medical Care</u> | 4. _____ |
| 2. _____                         | 5. _____ |
| 3. _____                         | 6. _____ |

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

Health Care Issues, Taxation and Related Issues.

**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	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.						\$ 250.00
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.

**6. Lobbyist certification - Please read and sign below.**

To the best of my knowledge, the information contained hereon and on any attached materials is true, correct and complete. I understand that it is a violation of WV Code §6B-3-9 to willfully and knowingly file a false or incomplete report. I further understand that if convicted of such an act, I may be fined, sentenced to jail or both.

Lobbyist Signature: [Signature] Date: 9/1/18