

Received
JAN 15 2020
WV ETHICS COMMISSION

West Virginia Ethics Commission
Lobbyist Activity Report Form
2019-03

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 _____

Late reporting fine - \$10 per business day past the due date (\$250 maximum)

1. Name and contact information

Name Larry Pack Jr Phone 304-421-0373
Business Address PO Box 41 Business Email lpack0373@gmail.com
City, State Zip Powellton, WV 25161

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

Check	Report	Period	Due Date				
x	2019-3	9/1/19 - 12/31/19	1/15/2020				

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

Use additional reporting forms if necessary.

- | | |
|--------------------------------------|--------------------------|
| 1. <u>Carehaven of Pleasants</u> | 4. <u>EQT</u> |
| 2. <u>Cabell Huntington Hospital</u> | 5. <u>Delaware North</u> |
| 3. <u>WV Beverage Association</u> | 6. _____ |

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

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	<i>LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.</i>						\$ 3010.73
I. TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$ 3010.73

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.