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 WV Ethics Commission

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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 1 Fine \$10

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

1. Name and contact information

Name Greg Thomas Phone 304-550-0779
 Business Address P.O. Box 58027 Business Email gregthomaswv@gmail.com
 City, State Zip South Charleston, WV 25309

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. American Tort Reform Association 4. _____
 2. _____ 5. _____
 3. _____ 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 | LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. | | | | | | \$ |
| 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.