

Received

MAY 18 2020

WV Ethics Commission

West Virginia Ethics Commission

# Lobbyist Activity Report Form

2020-01

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 5/18 Rec'd \_\_\_\_\_  
Days late \_\_\_\_\_ Fine \$10

email

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

**1. Name and contact information**

Name Raymond I. Joseph Phone 304.342.7600  
 Business Address West Virginia Association of REALTORS Business Email ray@wvrealtors.com  
2110 Kanawha Boulevard, East  
 City, State Zip Charleston, WV 25311

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

Check	Report	Period	Due Date				
x	2020-1	1/1/20 - 4/30/20	5/15/2020				

**3. List all employers/organizations that you represent as a lobbyist** *Use additional reporting forms if necessary.*

1. West Virginia Association of REALTORS 4. \_\_\_\_\_  
 2. \_\_\_\_\_ 5. \_\_\_\_\_  
 3. \_\_\_\_\_ 6. \_\_\_\_\_


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

Property rights, business issues, taxation, land and property 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	\$	\$	\$	\$	\$	\$	\$ 0.00
B. Lodging	\$	\$	\$	\$	\$	\$	\$ 0.00
C. Advertising	\$	\$	\$	\$	\$	\$	\$ 0.00
D. Travel	\$	\$	\$	\$	\$	\$	\$ 0.00
E. Gifts	\$	\$	\$	\$	\$	\$	\$ 0.00
F. Other Expenses	\$	\$	\$	\$	\$	\$	\$ 0.00
G. Group Expenditures	\$	\$	\$	\$	\$	\$	\$ 0.00
H. Campaign Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. 						\$ 0.00
I. TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$ 0.00

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.