

Received

SEP 15 2020

West Virginia Ethics Commission

Lobbyist Activity Report Form

WV Ethics Commission

2020-02

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 Frank Hartman Phone 304-444-6058
Business Address P.O. Box 11115 Business Email _____
City, State Zip Charleston, WV 25339

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

Check	Report	Period	Due Date
x	2020-2	5/1/20 - 8/31/20	9/15/2020

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

Use additional reporting forms if necessary.

- 1. MacArthur Foundation; 7. Multi State Associates; 4. Individual Pharmacists; 10. WV State Farm's Assoc.
- 2. The Williams Companies; 8. Frontier Communications; 5. NEOCO INC; 11. AIA; 12. WV Assoc.
- 3. The Housing Center; 9. WV Physical Therapy Assoc.; 13. WV Forestry Assoc.

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

CONS; MEETINGS; EMAILS

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.						\$ 1,400.00
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.