

Received

SEP 16 2020

WV Ethics Commission

West Virginia Ethics Commission

# Lobbyist Activity Report Form

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 1 Fine \$10  
*email*

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

### 1. Name and contact information

Name Kerry S Kominar Phone 304-784-2149  
Business Address P.O.Box 754 Business Email stevekominar@aol.com  
City, State Zip Kermit, WV 25674

### 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.

- County Commission of WV
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

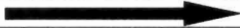
### 4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."

Nonr

### 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.