West Virginia Ethics Commission

Lobbyist Activity Report Form

2020-03

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

1. Name and contact information

   Name: Regina Skeen
   Business Address: 2220 Washington Street East, Ste 1
   Phone: 304-342-5176
   Business Email: rskeen@hbawv.org
   City, State Zip: Charleston, WV 25311

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

   Check 2020-3 9/1/20 - 12/31/20 1/15/2021

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

   1. Home Builders Association of WV
   2. 
   3. 
   4. 
   5. 
   6. 

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

   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   | $0.00     |           |           |           |           |           | $0.00
   B. Lodging               | $0.00     |           |           |           |           |           | $0.00
   C. Advertising           | $0.00     |           |           |           |           |           | $0.00
   D. Travel                | $0.00     |           |           |           |           |           | $0.00
   E. Gifts                 | $0.00     |           |           |           |           |           | $0.00
   F. Other Expenses        | $0.00     |           |           |           |           |           | $0.00
   G. Group Expenditures    | $0.00     |           |           |           |           |           | $0.00
   H. Campaign Contributions |           |           |           |           |           |           | $0.00
   I. TOTAL of all expenditures | $0.00   |           |           |           |           |           | $0.00

   If you sponsored or contributed to any group event or shared expenses, list the total expended in category SG immediately above. Complete and attach a Schedule B for each event.