

WV Ethics Commission  
210 Brooks St., Ste 300  
Charleston WV 25301  
(304) 558-0664

(GR-2)

# Grass Roots Campaign Periodic Lobbying Report

Report number \_\_\_\_\_  
Filing Date: \_\_\_\_\_  
Is this your final report? \_\_\_\_\_

- ✓ If the sponsored campaign **has been terminated**, this will be the **Final Activities Report**. It is to record all contributions and expenditures made on behalf of the campaign, including those reported earlier.
- ✓ If the campaign has not been terminated, this Activities Report is to record only those contributions and expenditures since the initial Registration OR the filing of the last Activities Report.
- ✓ Fill out items 2,3, and 5 with the names of persons who were not listed on the initial Sponsor Registration or earlier Activity Reports, if any were filed.

## 1. Sponsor Identification (type or print clearly)

Name of CAMPAIGN: \_\_\_\_\_  
Sponsor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

## 2. Campaign Purpose

Explain the purpose of the campaign, including the specific legislation, rules, rates, standards or proposals that are the subject matter of the campaign, if it has changed from that reported earlier.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 3. Persons Controlling Sponsor (not listed on prior report)

If the SPONSOR is not an individual, list the names, addresses, and titles of the controlling persons responsible for managing the sponsor's affairs. (Not listed on prior reports)

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_

## 4. Organization / Management of campaign (not listed on prior reports)

List names, addresses, businesses or occupations of all persons organizing and managing the campaign, or hired to assist the campaign (Include Public Relations or Advertising Firms)

Name: \_\_\_\_\_  
Business or Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Terms of compensation: \_\_\_\_\_  
Name: \_\_\_\_\_  
Business or Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Terms of compensation: \_\_\_\_\_

**5. Contributors of \$25 or more** (attach additional pages if necessary)

List the names and addresses of persons contributing more than \$25 to the campaign during the period covered by this periodic report and the aggregate (total) amount contributed during the period.

Name \_\_\_\_\_ Address: \_\_\_\_\_ \$ \_\_\_\_\_

Name \_\_\_\_\_ Address: \_\_\_\_\_ \$ \_\_\_\_\_

Name \_\_\_\_\_ Address: \_\_\_\_\_ \$ \_\_\_\_\_

Name \_\_\_\_\_ Address: \_\_\_\_\_ \$ \_\_\_\_\_

Name \_\_\_\_\_ Address: \_\_\_\_\_ \$ \_\_\_\_\_

Name \_\_\_\_\_ Address: \_\_\_\_\_ \$ \_\_\_\_\_

Name \_\_\_\_\_ Address: \_\_\_\_\_ \$ \_\_\_\_\_

Name \_\_\_\_\_ Address: \_\_\_\_\_ \$ \_\_\_\_\_

**6. Contributions**

Total contributions this report : \$ \_\_\_\_\_ (If none indicate "none" or 0)

**7. Expenditures**

Include all campaign expenditures by sponsor, or another on sponsor's behalf.

Entertainment (including Meals & Beverages) \$ \_\_\_\_\_

Advertising

    Newspaper \$ \_\_\_\_\_

    Radio \$ \_\_\_\_\_

    TV \$ \_\_\_\_\_

    Other \$ \_\_\_\_\_

Contributions \$ \_\_\_\_\_

Office Expenses

    Rent \$ \_\_\_\_\_

    Staff Salaries \$ \_\_\_\_\_

Consultant Compensation \$ \_\_\_\_\_

Printing , Mailing \$ \_\_\_\_\_

\* \_\_\_\_\_ \$ \_\_\_\_\_

\* \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

\* provide brief explanation of expense)

**8. Notice of Termination of Grass Roots Campaign**

Has the Campaign been terminated?  
Yes  No

If yes, date of termination:  
\_\_\_\_\_

Will this be the final report filed for this campaign? Yes  No

←Note: The value of office expenses contributed or volunteered must be included as expenditures in #7. Attach any additional information if necessary.

**9. Signature Certification of Filing Grass Roots Registration/Report**

To the best of my knowledge, the information contained hereon and on any attached materials is true, correct and complete. I understand that it is a violation of WV Code 6B-3-9 to willfully and knowingly file a false or incomplete report. I further understand that if I am convicted of such an act, I can be fined, sentenced to jail, or both.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and position: \_\_\_\_\_ Phone: \_\_\_\_\_

