West Virginia Ethics Commission

## **Lobbyist Activity Report Form**

2017-01

| West Virginia Eth    | ics Commission  |
|----------------------|-----------------|
| Attn: Lobbyist Ro    | egistrar        |
| 210 Brooks St., 51   | te. 300         |
| Charleston, WV       | 25301           |
| 304-558-0664         | No faxed copies |
| for office use only: |                 |
| Postmark             | Rec'd           |
| Days late            | Fine            |

| Late re             | porting j      | fine - \$10 per busi     |                          | Postmark<br>Days late                              |                              |                    |                         |  |  |
|---------------------|----------------|--------------------------|--------------------------|--|------------------------------|--------------------|-------------------------|--|--|
| . Na                | me and co      | ontact information       |                          | e maar on sakkeem as oo sakkeem and a keem on some |                              |                    |                         |  |  |
| ame                 | Tom Co         | burn                     |                          |  | Phone 540-441-7227           |                    |                         |  |  |
| Address PO Box 1073 |                |                          |                          |  | Email lobbyist@cosaction.com |                    |                         |  |  |
| ity, St             | ate Zip F      | urcellville, VA 20       | 0134                     |  |                              |                    |                         |  |  |
| -                   |                |                          | activity report is being | g filed  |                              |                    |                         |  |  |
| heck                | Report 2017-01 | Period<br>1/1/17-4/30/17 | Due Date<br>5/15/17      |  |                              |                    |                         |  |  |
|                     | 2027 32        | 1/4/11 4/20/12           | 5/25/21                  |  |                              |                    |                         |  |  |
| Lis                 | t all emplo    | oyers/organizations      | that you represent as    | a lobbyist   | Use                          | additional reporti | ing forms if necessary. |  |  |
| 1.                  | Convent        | ion of States Act        | lion                     | 4.   |                              |                    |                         |  |  |
| 2                   |                |                          |                          |  |                              |                    |                         |  |  |
| 3.                  |                |                          |                          | 6.   |                              |                    |                         |  |  |
| l. La               | bbying act     | ivity summary - If ti    | here was no activity o   | r expenditures, indicate "no                       | one."                        |                    |                         |  |  |
| Lobbi               | ed in fav      | or of SCR 3 and          | HCR 70                   |  |                              |                    |                         |  |  |
|                     |                |                          |                          |  |                              |                    |                         |  |  |
|                     |                |                          |                          |  |                              |                    |                         |  |  |

## Expenditures

If no expenditures, including compaign 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 |
|------------------------|---------------------------|------------|---|------------|------------|------------|------------|----------------|
| Α.                     | Meals and Beverages       | 5          | \$  | \$         | \$         | \$         | \$         | \$0            |
| 8.                     | Lodging                   | 5          | \$  | \$         | 5          | \$         | \$         | So             |
| C.                     | Advertising               | \$         | 5   | \$         | \$         | \$         | \$         | \$0            |
| D.                     | Travel                    | 5          | \$  | \$         | \$         | \$         | \$         | \$0            |
| €.                     | Gifts                     | \$         | \$  | \$         | \$         | \$         | \$         | \$0            |
| F.                     | Other Expenses            | \$         | \$  | \$         | \$         | \$         | \$         | \$0            |
| G.                     | Group Expenditures        | \$         | 5   | \$         | S          | \$         | \$         | \$0            |
| H.                     | Campaign Contributions    | LIST AMOUN | LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. \$0 |            |            |            |            |                |
| l.                     | TOTAL of all expenditures | So         | So  | \$a        | So         | 50         | 50         | 50             |

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.

Lobbyist certification - Please read and sign below.

To the best of multipopulation the information d on any obtacked materials is two consent and complete. I conduction disease it is