Received

West Virginia Ethics Commission

Lobbyist Activity Report Form MAY 0.5 2017

2017-01

WV Ethics Commission

West Virginia Ethics Commission
Attn: Lobbyist Registrar
210 Brooks St., Ste. 300
Charleston, WV 25301
304-558-0664 No faxed copies

Fine

For office use only:

Postmark _____ Rec'd_

Days late

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

| 1. 1 | Name and cont | act information | | | | | | | | |
|---------|--|----------------------------|---|---|---------------------------------------|--------------------|-----------------|----------------|--|--|
| | Danny S | calise | | | | | (304) 925- | 0342 | | |
| Name | 4307 M | acCorkle A | venue | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | scalise@wvsma.org | | | | |
| Addre | 255 | | VOITAG | | · · · · · · · · · · · · · · · · · · · | _ Email _ | ocanoc e w | voma.org | | |
| | Water to the second sec | | | | | | | | | |
| City | State Zip | arleston, W | /V 25304 | | | - | | | | |
| City, . | state Zip | | III TUICO NI LUI VIII VIII VIII VIII VIII VIII VIII | | | | | | | |
| | | 10 11 11 | | | | | | | | |
| 2. F | | d for which this Period | | t is being filed | | | | Γ | | |
| x | | /1/17-4/30/17 | 5/15/17 | | | | | | | |
| | 2017-01 17 | 11/17-4/30/17 | 3/13/1/ | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 3. L | | rs/organization | | | pyist | Us | e additional re | porting forms | if necessary. | |
| 1 | · west viig | ginia State | Medical As | ssociation | 4 | | | | | |
| , | | | | | - | | | | | |
| | | | | | | | | | Water State Control of the Control o | |
| 3 | | | | | 6 | | | | | |
| L | | | | | | | | | | |
| 4. L | obbying activit | y summary - If t | here was no a | ctivity or exper | nditures, Indicat | e "none." | | | | |
| 3 m | eals with le | egislators, r | nembers, | and stude | nts. | | | | | |
| - | | J , | | | | | | | | |
| | | | | | | | | | | |
| - | | | | | | | | | | |
| | | | | | | | | | | |
| 5. E | xpenditures | | | | - | | | | | |
| If no e | xpenditures, in | cluding campai | gn contribution | ns, mark here: | | | | | | |
| If you | spent money o | n any public offi | cial, employee | or member of | his or her immed | diate family, list | the amounts sp | ent in each of | the following | |
| catego | ries per each e | mployer you rep | oresent. Comp | lete and attach | Schedule A to t | his report. | | | | |
| Expen | diture Categori | es | Employer 1 | Employer 2 | Employer 3 | Employer 4 | Employer 5 | Employer 6 | Total Expended | |
| A. | Meals and Be | everages | \$ 836.64 | \$ | \$ | \$ | \$ | \$ | \$ 836.04 | |
| В. | Lodging | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| C. | Advertising | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| D. | Travel | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| E. | Gifts | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| F. | Other Expens | es | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| G. | Group Expend | ditures | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| Н. | Campaign Co | ntributions | | | PENDED" COLU | MN. | | > | \$ | |
| l. | TOTAL of all e | | \$ 834.04 | | \$ | \$ | \$ | \$ | \$ 834.04 | |
| | · · · · · · · · · · · · · · · · · · · | | y group event | or shared expe | nses, list the tot | al expended in c | ategory 5G imm | ediately above | . Complete and | |
| attach | a Schedule B fo | or each event. | | | | | | | | |

6. Lobbyist certification - Please read and sign below.

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

| Schedule A: WV Lobb (Attach this completed sheet to Complete this form if you have during this reporting period. If Gifts, (5) Other Expenditures - Ii If you shared any of these expename. You are not required to contributions] and Group Entert Schedule B. 1. Expenditure Details - (in Report all expenditures in any of those reported in Section 1a or reported on Schedule B. Transf lobbyist, identify who shared th Recipient name(s) and date of e | made or share you have made ist below, you enditures with a report on Schetainment. Exponellude shared of the categoric 2 (below) or a fer the totals to be cost in the a expenditure | Activity Report ed any expendi le expenditures must report it i another lobbyis edule A detaile benditures in th expenditures es listed below any portion of a p section 5 on t | ture other that in these cate in sections 1 of st, note who side expenditure ose categorie and reported on a particular "Group Ente he Lobbyist A | gories - (1) / r 2 on this for hared the exist on Adverting s must be reson Schedule or person or rtainment" (ctivity Repo | Meals & Bevorm. Expenditures ising, Contrigorted on the Barry member of OR "Shared" | in the area to butions [included he Lobbyist with their immed Expense" ev | pelow the recipien uding political Activity Report and liate family EXCEPTENT Which are to b | | | |
|--|---|--|--|---|--|---|--|--|--|--|
| during this reporting period. If Gifts, (5) Other Expenditures - Ii If you shared any of these expename. You are not required to contributions] and Group Enters Schedule B. 1. Expenditure Details - (in Report all expenditures in any of those reported in Section 1a or reported on Schedule B. Transflobbyist, identify who shared the Recipient name(s) and date of expenditures. | you have made ist below, you and tures with a report on Schettainment. Expended of the categoric 2 (below) or a fer the totals to be cost in the a expenditure | e expenditures must report it is another lobbyis edule A detaile benditures in the expenditures es listed below any portion of a posection 5 on the rea below each Meals & | s in these cate in sections 1 o st, note who s d expenditure ose categorie not reported on a particula "Group Ente he Lobbyist A | gories - (1) / r 2 on this for hared the exist on Adverting s must be reson Schedule or person or rtainment" (ctivity Repo | Meals & Bevorm. Expenditures ising, Contrigorted on the Barry member of OR "Shared" | in the area to butions [included he Lobbyist with their immed Expense" ev | pelow the recipien uding political Activity Report and liate family EXCEPTENT Which are to b | | | |
| name. You are not required to contributions] and Group Entert Schedule B. 1. Expenditure Details - (in Report all expenditures in any of those reported in Section 1a or reported on Schedule B. Transflobbyist, identify who shared the Recipient name(s) and date of expenditures. | nclude shared of the categoric 2 (below) or a fer the totals to ne cost in the a expenditure | expenditures in the expenditures es listed below any portion of a consection 5 on the real below each Meals & | d expenditure ose categorie not reported on a particula "Group Ente he Lobbyist A | s on Adverti s must be re on Schedule or person or rtainment" (ctivity Repo | e B) member of OR "Shared | butions [incl he Lobbyist / their immed Expense" ev | uding political Activity Report and liate family EXCEP | | | |
| Report all expenditures in any of those reported in Section 1a or reported on Schedule B. Transflobbyist, identify who shared the Recipient name(s) and date of expenditures. | of the categoric 2 (below) or a fer the totals to ne cost in the a expenditure | es listed below any portion of a o section 5 on t rea below each Meals & | on a particula "Group Ente he Lobbyist A recipient's n | r person or rtainment" (ctivity Repo | member of OR "Shared | Expense" ev | ent which are to b | | | |
| Recipient name(s) and date of e | expenditure | Meals & | T | | | - ca experio | | | | |
| Stollings, masoney, Elling | ta, 2 otedat | beverages | 1 | Travel | Gifts | Other | Total \$ | | | |
| 0. 0 | , | 309.01 | 1 page 10 in the control of the cont | | | | 209.0 <u>1</u> | | | |
| | | 188.38 | | | | | 400.00 | | | |
| Tahubo, Rohabach, othe. | | 108.50 | | | | | 188.38 | | | |
| Stollings, 3 student, one a | panler | 338.65 | | | | | 338.65 | | | |
| TOTAL Expenditure | 25 | 836.04 | | | | | 836.04 | | | |
| 1a Gifts (Group) | - | | | | | | W | | | |
| Ordinarily gifts to individual legis of the House or Senate, the entire group it was given and the total Transfer the total cost to the Lob | re Legislature cost. You nee | or to standing d not list each | or joint comm legislator who | ittees must | be listed he | re. Describe | the item, to which | | | |
| escribe the gift(s) Which e | | employer provided the gift? | | Which group received the gift? | | | Total cost of gift(s | | | |
| N-0 | | | | - | | | | | | |
| 2. Participation in a Panel | or Speaking | g Engagemer | nt | | | | | | | |
| Report expenditures on a particular person in the categories listed below when such expenditure was for the individual's participation in a panel or speaking engagement. Transfer the totals to section 5 on the Lobbyist Activity Report. | | | | | | | | | | |
| • | Meals & | Lodging | Travel | Gifts | Scheduled enterta | | | | | |
| | beverages | | | | & othe | r | expended | | | |
| | | | | | | | | | | |
| 3. Subjects of Lobbying For each recipient identified in 1, | , 1a & 2 above | , explain briefly | the subjects | of lobbying. | List the ind | lividual or gr | oup recipient and | | | |
| then the subject matter of the lo | | ple: "Del. Joe Jo Sician io | | Care" or "H | ouse Financ | e Committee | e - Environment." | | | |