West Virginia Ethics Commission

Received

Lobbyist Activity Report Form 2017-02

SEP 1 4 2017

WV Ethics Commission

Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301

304-558-0664 No faxed copies

West Virginia Ethics Commission

For office use only:

Postmark _____ Rec'd_____ Days late _____ Fine _____

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

| tate reporting fine - 910 per business day past the dae date (9230 maximum) | | | | | | | | | |
|--|-----------------|--|----------------|----------------|--------------------|---|----------------|------------------|-------------------|
| 1. N | ame and co | ontact information | | | | | | | |
| Name | Name Tom Coburn | | | | | Phone 540-441-7227 | | | |
| Address PO Box 1073 | | | | | | Email lobbyist@cosaction.com | | | |
| | | | | | | Fmail - | 0000,101.00000 | 400011100111 | |
| City, St | ate Zip P | Purcellville, VA 2 | 0134 | | | | | | |
| | | | | | | | | | |
| 2. Re | enorting ne | eriod for which this | activity renor | is heing filed | | | | | |
| 2. Reporting period for which this activity report is being filed Check Report Period Due Date | | | | | | | | | |
| Х | | 5/1/17-8/31/17 | 9/15/17 | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary. | | | | | | | | | |
| | | | | | | | | | |
| 1. Convention of States Action 4. | | | | | | P-10-11-11-11-11-11-11-11-11-11-11-11-11- | | | |
| 2 5 | | | | | | | | | |
| 36 | | | | | | | | | |
| 3. | **** | | | | 6 | -, | | | |
| | | | | | | | | | |
| 4. Lobbying activity summary - If there was no activity or expenditures, indicate "none." | | | | | | | | | |
| None | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| E Ev | nanditura | | | | | | | | |
| 5. Expenditures If no expenditures, including campaign contributions, mark here: ✓ | | | | | | | | | |
| | | | | | | dista familia list | Ala | | le of all accions |
| | | ey on any public off th employer you re | | | | | tne amounts sp | ent in each of t | the following |
| | liture Cate | | Employer 1 | Employer 2 | Employer 3 | Employer 4 | Employer 5 | Employer 6 | Total Expended |
| A. | | d Beverages | \$ | \$ | \$ | \$ | \$ | \$ | \$0 |
| В. | Lodging | a beverages | \$ | \$ | \$ | \$ | \$ | \$ | \$0 |
| C. | Advertisin | ng | \$ | \$ | \$ | \$ | \$ | \$ | \$0 |
| D. | Travel | '8 | \$ | \$ | \$ | \$ | \$ | \$ | \$0 |
| E. | Gifts | | \$ | \$ | \$ | \$ | \$ | \$ | \$0 |
| F. | Other Exp | enses | \$ | \$ | \$ | \$ | \$ | \$ | \$0 |
| G. | | penditures | \$ | \$ | Ś | Ś | Ś | \$ | \$0 |
| Н. | | Campaign Contributions LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. \$0 | | | | | | | |
| 1. | | all expenditures | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| If you s | ponsored o | or contributed to a | ny group event | or shared expe | nses, list the tot | al expended in c | | | <u>'</u> |
| | | B for 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