West Virginia Ethics Commission

Received

Lobbyist Activity Report Form SEP 13 2017

2017-02

. W Ethics Commission

304-558-0664 No faxed copies For office use only: Postmark ____ Days late _

West Virginia Ethics Commission

Attn: Lobbyist Registrar 210 Brooks St., Ste. 300

Charleston, WV 25301

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

						L			
1. 1	Name and contact information	n						****	
Name Elizabeth A. Frame					Phone	Phone (304) 347-1100			
Address Bowles Rice LLP						eframe@bowlesrice.com			
600 Quarrier Street									
614	State Zip Charleston, V	ΛΛ/ 25301			-				
City, S	state Zip Ondricotori, v	VV 20001			-				
2 Penarting paying for which this activity was a tick in (1)									
2. Reporting period for which this activity report is being filed Check Report Period Due Date									
X	2017-2 5/1/17-8/31/17	Due Date 9/15/2017	7				-		
^	2017-2 3/1/17-8/31/17	9/15/2017				_	-		
3. 11	3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.								
1. Community Bankers of West Virginia 4									
2.	2. MultiState Associates, Inc. on behalf of EPIC Pharmacies 5								
3. Robert C. Byrd Corridor H Highway Authority 6.									
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."									
Banking and related issues; pharmacies, pharmacists, prescription drugs, health care, taxes, regulation									
of pharmacies and pharmacists, retailing, marketing and all related matters; highway and transportation issues,									
completion of Corridor H									
	penditures							MAKA A BARAN III MAKA	
If no ex	spenditures, including campo	ign contributio	ns, mark here:	V		-			
If you s	pent money on any public of	ficial, employee	or member of	his or her imme	diate family, list	the amounts sp	ent in each of	the following	
catego	ries per each employer you re	present. Comp	lete and attach	Schedule A to t	his report.	-			
	diture Categories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
A.	Meals and Beverages	\$	\$	\$	\$	\$	\$	\$ 0.00	
B.	Lodging	\$	\$	\$	\$	\$	\$	\$ 0.00	
C.	Advertising	\$	\$	\$	\$	\$	\$	\$0.00	
D.	Travel	\$	\$	\$	\$	\$	\$	\$0.00	
E.	Gifts	\$	\$	\$	\$	\$	\$	\$0.00	
F.	Other Expenses	\$	\$	\$	\$	\$	\$	\$0.00	
G.	Group Expenditures	\$	\$	\$	\$	\$	\$	\$ 0.00	
H.	Campaign Contributions	LIST AMOUN	T IN "TOTAL EX	PENDED" COLU	MN.			\$ 0.00	
l.	TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$ 0.00	
f you sponsored or contributed to any group event or shared expenses, list the total expended in category 5G immediately above. Complete and									
attach a	Schedule B for each event.			35, 1110 1011	ospenaca in co	accepting 50 mm	culately above	. Complete and	
. Lol	bbyist certification - Please r	ead and sign be	elow.						

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 convicted of such an act, I