West Virginia Ethics Commission

2017-02

Received

Lobbyist Activity Report Form SEP 13 2017

WV Ethics Commission

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

| 1. Name and contact information | | | | | | | | | | |
|--|--|-------------|---|----------------|---------------------|------------------|-----------------------|-----------------|-----------------|--|
| Name Lisa R Kardell Phone 202-258-1203 | | | | | | | | | | |
| Address 701 Pennsylvania Avenue, NW | | | | | | | Email Ikardell@wm.com | | | |
| Suite 590 | | | | | | Ettiali | | | | |
| Appearance of the second secon | | | | | | | | | | |
| City, State Zip Washington, DC 20004 | | | | | | | | | | |
| | | | | | | | | | | |
| 2. Reporting period for which this activity report is being filed | | | | | | | | | | |
| Check | Report Per | | Due Date | | | | | | | |
| X | 2017-2 5/1 | /17-8/31/17 | 9/15/2017 | | | | | | | |
| | - | | | | | | - | | | |
| | | | | | | | | | | |
| 3. Li | 3. List all employers/organizations that you represent as a lobbyist | | | | | | | | | |
| 1. Waste Management of WV, Inc. 4. | | | | | | | | | | |
| 25 | | | | | | | | | | |
| | | | | | | | | | | |
| 3 | | | | | | | | | | |
| | | | | | | | | | | |
| 4. Lobbying activity summary - If there was no activity or expenditures, indicate "none." | | | | | | | | | | |
| Discussions with DEQ regarding collections and disposal of solid waste, recycling and oil & gas related wastes; | | | | | | | | | | |
| transportation issues and other business related issues | | | | | | | | | | |
| Talloportation loaded and other business rolling | | | | | | | | | | |
| | | | | | | | | | | |
| 5. Expenditures | | | | | | | | | | |
| If no expenditures, including campaign 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 | |
| A. | Meals and Bev | erages | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| В. | Lodging | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| C. | Advertising | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| D. | Travel | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| E. | Gifts | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| F. | Other Expenses | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| G. | Group Expenditures | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| H. | Campaign Contributions | | LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. | | | | | | \$ | |
| 1. | u sponsored or contributed to a | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| | | | ny group event | or shared expe | nses, list the tota | al expended in c | ategory 5G imr | nediately above | e. Complete and | |
| attach a Schedule B for each event. | | | | | | | | | | |

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 a violation of WAY Code SCR 2.0 to willfully and knowingly file a false or incomplete report. I further understand that if convicted of such an act. I