West Virginia Ethics Commission

Received

Lobbyist Activity Report Form SEP 0.6 2017

2017-02

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:

Postmark _____

Days late __

Rec'd_____ Fine _____

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

1. N	ame and con	tact information								
Name RICHARD D. STEVENS Phone 304-344-5246									246	
Address 2016 1/2 KANAWHA BLVD, EAST Email WVRDS@ AUL-COM										
			, - , ,		, -1,	_ Email_	000100	10 € 110		
		4				-				
City, State Zip CHARLESTON, WV 25311										
		-				1000				
2. R	enorting neri	od for which this	activity repor	t is boing filed						
Check	porting period for which this activity report is being filed Report Period Due Date									
X	+	5/1/17-8/31/17	9/15/2017							
	2017 2	3/1/11-0/31/17	3/13/2017							
							_			
3. Li	3. List all employers/organizations that you represent as a lobbyist									
1. WV DENTAL ASSOCIATION										
2. WV PHARMACISTS ASSOCIATION.										
3. WY MEDICAL EQUIPMENT SUPPLIERS ASSIN.										
4. Lobbying activity summary - If there was no activity or expenditures indicate "none"										
, , , , , , , , , , , , , , , , , , ,										
HEALTH CARE; REGULATION OF HEALTH CARE PROVIDERS;										
DRUGS' TAYES										
DRUGS; TAKES										
5. Ex										
	penditures									
if no ex	penditures, i	ncluding campaig	gn contributio	ns, mark here:						
If you s	pent money o	on any public offic	cial, employee	or member of	his or her immed	diate family, list	the amounts sp	ent in each of	the following	
categories per each employer you represent. Complete and attach Schedule A to this report.										
	nditure Categories Meals and Beverages		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
Α.		everages	\$	\$	\$	\$	\$	\$	\$	
B.	Lodging		\$	\$	\$	\$	\$	\$	\$	
C.	Advertising			\$	\$	\$	\$			
D.	Travel		\$	\$	\$	\$	\$	\$	\$	
Ε.	Gifts		\$	\$	\$	\$	\$	\$	\$	
F.	Other Expen		\$	\$	\$	\$	\$	\$	\$	
G.	Group Expen		\$	\$	\$	\$	\$	\$	\$	
	Campaign Contributions LIST AMOUNT IN "TOTAL EXPENDED" COLUMN		MN.			\$				
		expenditures	\$	\$	\$	\$	\$	\$	\$	
f you sp	onsored or o	ontributed to an	y group event	or shared expe	nses, list the tota	al expended in c	ategory 5G imm	ediately above	e. Complete and	
attach a	Schedule B f	or each event.				0.00				
6. Lol	hwist cortific	ation - Places	ad and store !	ala						
. LOI	on year certific	ation – Please re	au anu 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