West Virginia Ethics Commission

Lobbyist Activity Report Form 2017-02

Lobbyist certification - Please read and sign below.

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

Received

SEP 14 2017

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 _____ Rec'd _____ Days late _____ Fine _____

1. Name and contact information									
Name Matt Walker					Phone (304) 733-6484				
Address 650 Main Street						mail matt@walkerandstevens.com			
Address					Email _·	:mail			
City, State Zip Barboursville, WV 25504									
2. Reporting period for which this activity report is being filed									
Check	Report Period	Due Date	is being med						
X	2017-2 5/1/17-8/31/17	9/15/2017							
		0,10,101							
3. List all employers/organizations that you represent as a lobbyist									
1.	1. Please see the attached list.								
2	2 5								
	3								
3.				6					
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."									
Attended legislative budget session meetings and events; spoke with legislators and									
staff about health care, education, and other issues.									
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.									
Expen	diture Categories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
A.	Meals and Beverages	\$	\$	\$	\$	\$	\$	\$	
B.	Lodging	\$	\$	\$	\$	\$	\$	\$	
C.	Advertising	\$	\$	\$	\$	\$	\$	\$	
D.	Travel	\$	\$	\$	\$	\$	\$	\$	
E.	Gifts	\$	\$	\$	\$	\$	\$	\$	
F.	Other Expenses	\$	\$	\$	\$	\$	\$	\$	
G.	Group Expenditures	\$	\$	\$	\$	\$	\$	\$	
Н.	Campaign Contributions	LIST AMOUN	T IN "TOTAL EX	PENDED" COLU	MN.			\$ 9.50.9	
I.	TOTAL of all expenditures	\$ D	\$ 6	\$ 0	\$ 0	\$ •	\$ 0	\$	
If 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									

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



EMPLOYERS/ORGANIZATIONS (for period 5/1/17 - 8/31/17)

- 1. West Virginia Primary Care Association
- 2. West Virginia Family Health
- 3. West Virginia Physical Therapy Association
- 4. West Virginia Academy of Family Physicians
- 5. West Virginia Independent Pharmacy Association
- 6. Concord University Foundation
- 7. American Cancer Society Cancer Action Network
- 8. Purdue Pharma
- 9. GW Pharmaceuticals / Greenwich BioSciences
- 10. West Virginia Society for Respiratory Care
- 11. West Virginia Association of Home Inspectors
- 12. West Virginia Podiatric Medical Association
- 13. Huntington Prep
- 14. American Board of Independent Medical Examiners
- 15. Cummins, Inc
- 16. Crittenton Services