## West Virginia Ethics Commission

## Received

## Lobbyist Activity Report Form JAN 15 203

2017-03

W Ethics Commission

 Charleston, WV
 25301

 304-558-0664
 No faxed copies

 For office use only:
 Rec'd\_\_\_\_\_\_\_

West Virginia Ethics Commission

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

Days late\_\_

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

Lobbyist certification - Please read and sign below.

1. Name and contact information									
Name	Name Brian Dayton					Phone304-342-1115			
Address _ WV Chamber of Commerce						bdayton@wvchamber.com			
1624 Kanawha Blvd. East									
City, State Zip Charleston WV 25311									
2. Reporting period for which this activity report is being filed									
Check Report Period Due Date									
х	2017-3 9/1/17-12/31/17	1/15/2018							
3. List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary.									
1. WV Chamber of Commerce									
36									
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."									
Business Issues; Economic Development; Energy Issues; Environment; Job Creation									
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	
Α.	Meals and Beverages	\$ 0	\$	\$	\$	\$	\$	\$ 0	
В.	Lodging	\$ 0	\$	\$	\$	\$	\$	\$ 0	
C.	Advertising	\$ 0	\$	\$	\$	\$	\$	\$ 0	
D.	Travel	\$ 0	\$	\$	\$	\$	\$	\$ 0	
E.	Gifts	\$ 0	\$	\$	\$	\$	\$	\$ 0	
F.	Other Expenses	\$ 0	\$	\$	\$	\$	\$	\$ 0	
G.	Group Expenditures	\$ 0	\$	\$	\$	\$	\$	\$ 0	
Н.	Campaign Contributions	LIST AMOUN	T IN "TOTAL EX	PENDED" COLUI	MN.			\$ 0	
1.	TOTAL of all expenditures	\$ 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 a violation of MV Code SGR-3-9 to willfully and knowledge file a false or incomplete report. I further understand that if convicted of such an act. I