**West Virginia Ethics Commission** 

## Received

## **Lobbyist Activity Report Form** 2017-03

Lobbyist certification - Please read and sign below.

NV 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:

Days late \_\_

Rec'd\_ Postmark \_\_\_\_\_ Fine

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

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1. Name and contact information									
Name Robert C KIMES						Phone 304-345-4711			
Address 400 Allen Drive Email Kimesrob@yahoo.com									
	Suite 20	01110		-	Lillan		7		
City, State Zip Charleston, WV 25302									
2. R	eporting period for which this	activity report	is being filed						
Check		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 funeral Directors Assoc. 4. —									
1.	- VVIIII D	1100101	3 / 1 0 0 0	4					
2.				5	-				
3.	-			6					
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."									
NONE									
INUINU									
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.									
	diture Categories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6		xpended
Α.	Meals and Beverages	\$	\$	\$	\$	\$	\$	\$ 1	1
В.	Lodging	\$	\$	\$	\$	\$	\$	\$	-
C.	Advertising	\$	\$	\$	\$	\$	\$	\$	
D.	Travel	\$	\$	\$	\$	\$	\$	\$	
E.	Gifts Other Evpenses	\$	\$	\$	\$	\$	\$	\$	
F.	Other Expenses Group Expenditures	\$	\$	\$	\$	\$	\$	\$	
G. H.	Campaign Contributions		TIM "TOTAL FY	\$	\$	\$	\$	\$	
н. I.	TOTAL of all expenditures	\$	T IN "TOTAL EXI S	S COLUM	virv.	ė	ć	\$ 0	Υ
	<u> </u>	•	•	т	al evnended in co	\$ stegory 5G imm	\$		lete and
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