West Virginia Ethics Commission

Lobbyist Activity Report Form

Lobbyist certification - Please read and sign below.

2017-03

West Virginia Ethics Commission Attn: Lobbylst Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301 304-558-0664 For office use only: Postmark Days late

Late reporting fine - \$10 per business day past the due date (\$250 maximum)								1-18/
1. Name and contact information //								
Name George Patterson Phone 304 347 111 Address 600 Quarrier St. Email 9 Patterson Block							18 Loukaria Ce	
City, State Zip Charlesfon WV 2530/								
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							

3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.								
the state of the s								
1. Independent 0,14 6AS ASSOCIATION of WV 4.								
2 5								
6								
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."								
NONE								
E Emanditure & 100 Duration in a matrix								
5. Expenditures & 600 CAMPAIGN CONTRIBUTIONS If no expenditures, including campaign contributions, mark here:								
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								
	spent money on any public of ories per each employer you re					MONC	ent in each of t	the following
-	diture Categories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended
A.	Meals and Beverages	\$	\$	\$	\$	\$	\$	\$
В.	Lodging	\$	\$	\$	\$	\$	\$	\$
C.	Advertising	\$	\$	\$	\$	\$	\$	\$
D.	Travel	\$	\$	\$	\$	\$	\$	\$
E.	Gifts	\$	\$	\$	Ś	Ś	\$	\$
F.	Other Expenses	\$	\$	\$	\$	\$	Ś	\$
G.	Group Expenditures	\$	\$	Ś	Ś	\$	\$	\$
Н.	Campaign Contributions		IT IN "TOTAL EX	PENDED" COLU	7			\$
l.	TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$
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

WV ETHICS COMMISSION 210 BROOKS ST STE 300 CHARLESTON, WV 25301

SALE

MID: 4310 Store: 5430 Term: 9401

REF#: 00000002

Batch #: 014

RRN: 803013404758

01/30/18

08:36:40 CVC: N

Invoice #: 2

Trans ID: 0130MCG1GS1NW

APPR CODE: 030147

Manual CNP

MASTERCARD ******5740

AMOUNT

\$90.00

APPROVED

CUSTOMER COPY