West Virginia Ethics Commission

2017-03

Received

Lobbyist Activity Report Form

DEC 14 2017

W 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 _____ Rec'd _____ Days late ____ Fine ____

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

| | | , , | | , , | , | | | | |
|--|-------------------------------|-----------------|----------------|---------------------|----------------------|---------------------------------------|------------------|-----------------|--|
| Name and contact information | | | | | | | | | |
| Name Renate Pore | | | | | Phone 304-444-9681 | | | | |
| Address 916 Ridgemont | | | | | | | | | |
| Address | | | | | Email 1 | _{Email} renatepore@gmail.com | | | |
| | | | | | | | | | |
| City, State Zip Charleston, WV 25314 | | | | | | | | | |
| | | | | | | | | | |
| Reporting period for which this activity report is being filed | | | | | | | | | |
| Check | | Due Date | is being filed | | | | | | |
| X | 2017-3 9/1/17-12/31/17 | | | | | | | | |
| | 2017-3 3/1/17-12/31/17 | 1/13/2018 | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 3. List all employers/organizations that you represent as a lobbyist | | | | | | | | | |
| 1. WV Center on Budget and Policy 4. | | | | | | | | | |
| 2 | | | | | | | | | |
| | | | | | | | | | |
| 3 6 | | | | | | | | | |
| | | | | | | | | | |
| 4. Lobbying activity summary - If there was no activity or expenditures, indicate "none." | | | | | | | | | |
| None | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 5. Expenditures | | | | | | | | | |
| If no expenditures, including campaign contributions, mark here: 🗸 | | | | | | | | | |
| If you | spent money on any public off | icial, employee | or member of h | nis or her immed | liate family, list t | the amounts sp | ent in each of t | he 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 | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| В. | Lodging | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| C. | Advertising | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| D. | Travel | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| E. | Gifts | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| F. | Other Expenses | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| G. | Group Expenditures | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| H. | Campaign Contributions | LIST AMOUN | T IN "TOTAL EX | PENDED" COLU | MN. | | | \$ | |
| I. | TOTAL of all expenditures | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| If you : | sponsored or contributed to a | ny group event | or shared expe | nses, list the tota | al expended in c | ategory 5G imn | nediately above | e. Complete and | |
| attach a Schedule B for each event. | | | | | | | | | |

Lobbyist certification – Please read and sign below.

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