West Virginia Ethics Commission

Lobbyist Activity Report Form

2017-01

Lobbyist certification - Please read and sign below.



West Virginia Ethics Commission Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301

304-558-0664 For office use only: No faxed copies

Postmark

Days late

Rec'd_

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

1. Name and contact information									
Name FOR FROM N						Phone 304-541-2110 Email 66rown 6 att.org			
A	1/01/ WALLAND	57011 55	PHI	CAST		hheama	-60 of	T-000	
Address IVIS WIDHIVYION DIFFEL WIST Email OF OWN W 411.000									
	SUITE 3	00						9	
Address 1616 WASHINGTON STREET EAST Email bbrown Q aft.org SUITE 300 City, State Zip CHARLESTON WV 25341									
2. Reporting period for which this activity report is being filed									
Check		Due Date	200				-		
X	2017-1 1/1/17-4/30/17					_			
			Constant			_			
			11 1000						
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.									
1. AFT - WV 4.									
2 5									
3									
*									
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."									
FDUCATION									
LABOR									
<u> </u>									
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	Total Expended	
A.	Meals and Beverages	\$ 0	\$	\$	\$	S	S	Ś	
В.	Lodging	\$ 0	\$	\$	\$	\$	\$	\$	
С.	Advertising	\$ 0	\$	\$	5	\$	\$	Ś	
D.	Travel	\$ 0	\$	\$	\$	\$	\$	\$	
E.	Gifts	\$ 0	\$	\$	\$	\$	\$	\$	
F.	Other Expenses	\$ 0	\$	\$	\$	\$	\$	\$	
G.	Group Expenditures	5	\$	s	S	\$	\$	\$	
Н.	Campaign Contributions			KPENDED" COLU	-	7	1	\$	
1.	TOTAL of all expenditures	\$ 0	\$	S	\$	\$	15	\$	
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.									