West Virginia Ethics Commission

Lobbyist Activity Report Formaceived

Lobbyist certification - Please read and sign below.

2017-01

MAY 10 2017

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

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

Days late _

Rec'd____

1. Name and contact information										
Name Amber Perry						Phone	Phone 406-672-0157			
Address PO BOX 11371 Fmail a Decry @ WYC &									11 0 - 0	
Address PO Box 11371 Email aperry@wycol.or									a1.000	
City, State Zip Charleston WY 7.5339-137										
2. Reporting period for which this activity report is being filed										
Chec		Period	Due Date					1		
х	2017-1	1/1/17-4/30/17		HERETE STREET,						
								1		
	List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.									
1	1. West Virginia Citizen's Defense League									
•	5									
3	3 6									
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
None										
5. Expenditures										
5. Expenditures If no expenditures, including campaign contributions, mark here: Nove										
IJ no e	xpenaitures,	including campo	iign contributio	ons, mark here:	None					
If you	spent money	on any public of	ficial, employee	or member of	his or her imme	diate family, list	the amounts sp	ent in each of	the following	
		n employer you re								
	diture Catego		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
Α.	Meals and	Beverages	\$	\$	\$	\$	\$	\$	\$	
B.	Lodging		\$	\$	\$	\$	\$	\$	\$	
C.	Advertising	3	\$	\$	\$	\$	\$	\$	\$	
D.	Travel		\$	\$	\$	\$	\$	\$	\$	
E.	Gifts		\$	\$	\$	\$	\$	\$	\$	
F.	Other Expe		\$	\$	\$	\$	\$	\$	\$	
G.	Group Expenditures		\$	\$	\$	\$	\$	\$	\$	
H.	Campaign Contributions LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.							\$		
l.		ll expenditures	\$	\$	\$	\$	\$	\$	Ś	
If you	sponsored or	contributed to a	ny group event	or shared expe	nses, list the tota	al expended in c	ategory 5G imm	nediately above	. Complete 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