## **West Virginia Ethics Commission**

## **Lobbyist Activity Report Form** 2017-01

Lobbyist certification - Please read and sign below.

Received

MAY 10 2017

WV Ethics Commission

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 \_\_\_\_\_\_
 Rec'd \_\_\_\_\_\_

 Days late \_\_\_\_\_\_
 Fine \_\_\_\_\_\_

1. Name and contact information									
Name Brian Rosen					Phone	Phone 614-488-3143			
Address 1515 Woodstock Drive						Email brian.rosen@pharma.com			
Address									
City, S	tate Zip Oakwood, Ohio	45419							
			- Wike-						
2. Reporting period for which this activity report is being filed									
Check	Report Period	Due Date							
х	2017-01 1/1/17-4/30/17	5/15/17							
							19019-00		
3. Li	3. List all employers/organizations that you represent as a lobbyist								
1. Purdue Pharma LP									
2 5									
3.				6					
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."									
None.									
TYORG.									
5. Expenditures									
If no expenditures, including campaign contributions, mark here:									
If you	spent money on any public of	ficial, employee	or member of	his or her immed	diate family, list	the amounts sp	ent in each of t	he following	
catego	ries per each employer you re	present. Comp	olete and attach	Schedule A to t	his report.				
Expen	diture Categories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
Α.	Meals and Beverages	\$ 0.00	\$	\$	\$	\$	\$	\$ 0.00	
B.	Lodging	\$ 0.00	\$	\$	\$	\$	\$	\$ 0.00	
C.	Advertising	\$ 0.00	\$	\$	\$	\$	\$	\$ 0.00	
D.	Travel	\$ 0.00	\$	\$	\$	\$	\$	\$ 0.00	
E.	Gifts	\$ 0.00	\$	\$	\$	\$	\$	\$ 0.00	
F.	Other Expenses	\$ 0.00	\$	\$	\$	\$	\$	\$ 0.00	
G.	Group Expenditures	\$ 0.00	\$	\$	\$	\$	\$	\$ 0.00	
H.	Campaign Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. \$0.00							
l.	TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$ 0.00	
If you	sponsored or contributed to a	ny group event	or shared expe	nses, list the tot	al expended in c	ategory 5G imn	nediately 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