West Virginia Ethics Commission

## Received

## Lobbyist Activity Report Form MAY 15 2017

2017-01

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 informati     | on                |                   |                     |                    |                      |                  |                |  |
|--|--------------------------------|-------------------|-------------------|---------------------|--------------------|----------------------|------------------|----------------|--|
| Name Sarah Yi                                |                                |                   |                   |                     | Phone              | Phone 202-736-3200   |                  |                |  |
| Address 1400 16th Street, NW                 |                                |                   |                   |                     | Email SYi@ctia.org |                      |                  |                |  |
| Addi   | Suite 600                      |                   |                   |                     | _ Email_           | o ricectia.org       |                  |                |  |
|  |                                |                   |                   |                     | -                  |                      |                  |                |  |
| City,  | State Zip Washington, D        | C 20036           |                   |                     |                    |                      |                  |                |  |
|  |                                |                   |                   |                     |                    |                      |                  |                |  |
| 2.   | Reporting period for which t   | nis activity repo | rt is being filed |                     |                    |                      |                  |                |  |
| Chec   |                                | Due Date          | and the second    |                     |                    |                      | T                |                |  |
| х  | 2017-1 1/1/17-4/30/1           |                   | 7                 |                     | 18 But 18          |                      |                  |                |  |
|  |                                |                   |                   |                     |                    |                      |                  |                |  |
|  |                                |                   |                   |                     |                    |                      |                  |                |  |
| 3. 1   | ist all employers/organization | ns that you ren   | recent as a loh   | hvict               |                    |                      |                  | .,             |  |
| ose dudicional reporting forms if necessary. |                                |                   |                   |                     |                    |                      |                  |                |  |
| 1  | ACTwireless                    |                   |                   | 4                   |                    |                      |                  |                |  |
| 2  | 2                              |                   |                   | 5                   |                    |                      |                  |                |  |
|  | 3                              |                   |                   |                     |                    |                      |                  |                |  |
|  | ·                              |                   |                   | Б                   |                    |                      |                  |                |  |
|  |                                |                   |                   |                     |                    |                      |                  |                |  |
| 4. L   | obbying activity summary - I   | f there was no a  | activity or expe  | nditures, indicat   | e "none."          |                      |                  |                |  |
| None.  |                                |                   |                   |                     |                    |                      |                  |                |  |
|  |                                |                   |                   |                     |                    |                      | *****            |                |  |
|  | ***                            |                   |                   |                     |                    |                      |                  |                |  |
|  |                                |                   |                   |                     |                    |                      |                  |                |  |
| 5. E   | xpenditures                    |                   |                   |                     |                    |                      |                  |                |  |
|  | expenditures, including camp   | gian contributio  | ns mark hara:     | X                   |                    |                      | -                |                |  |
|  | spent money on any public o    |                   |                   |                     | diato family list  | + h o o pro custo su |                  | 1 6 11 /       |  |
| catego                                       | pries per each employer you r  | epresent. Comi    | olete and attach  | Schedule A to t     | his report         | the amounts sp       | ent in each of t | the following  |  |
| 27.00  | diture Categories              | Employer 1        | Employer 2        | Employer 3          | Employer 4         | Employer 5           | Employer 6       | Total Expended |  |
| Α.   | Meals and Beverages            | \$                | \$                | \$                  | \$                 | \$                   | \$               | \$             |  |
| В.   | Lodging                        | \$                | \$                | \$                  | \$                 | \$                   | \$               | \$             |  |
| C.   | Advertising                    | \$                | \$                | \$                  | \$                 | \$                   | \$               | \$             |  |
| D.   | Travel                         | \$                | \$                | \$                  | \$                 | \$                   | \$               | Ś              |  |
| E.   | Gifts                          | \$                | \$                | \$                  | \$                 | \$                   | \$               | \$             |  |
| F.   | Other Expenses                 | \$                | \$                | \$                  | \$                 | \$                   | \$               | \$             |  |
| G.   | Group Expenditures             | \$                | \$                | \$                  | \$                 | \$                   | \$               | \$             |  |
| Н.   | Campaign Contributions         | LIST AMOUN        | T IN "TOTAL EX    | PENDED" COLU        | MN.                |                      |                  | \$             |  |
| 1.   | TOTAL of all expenditures      | \$                | \$                | \$                  | \$                 | \$                   | \$               | \$             |  |
| f you  | sponsored or contributed to a  | iny group event   | or shared expe    | nses, list the tota | al expended in c   | ategory 5G imm       | nediately above  | . 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 a violation of WV Code §6B-3-9 to willfully and knowingly file a false or incomplete report. I further understand that if convicted of such an act, I may be fined, sentenced to jail or both.