

Lobbyist Activity Report Form

2017-02

Received

SEP 13 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 John Canfield Phone 304-342-1115
 Address WV Chamber of Commerce Email jcanfield@wvchamber.com
1624 Kanawha Blvd. East
 City, State Zip Charleston WV 25311

2. Reporting period for which this activity report is being filed

| Check | Report | Period | Due Date | | | | |
|-------|--------|----------------|-----------|--|--|--|--|
| x | 2017-2 | 5/1/17-8/31/17 | 9/15/2017 | | | | |
| | | | | | | | |
| | | | | | | | |

3. List all employers/organizations that you represent as a lobbyist

Use additional reporting forms if necessary.

- | | |
|----------------------------------|----------|
| 1. <u>WV Chamber of Commerce</u> | 4. _____ |
| 2. <u>Leadership WV</u> | 5. _____ |
| 3. _____ | 6. _____ |

4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."

Business Issues; Economic Development; Energy Issues; Environment; Job Creation

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.

| Expenditure Categories | Employer 1 | Employer 2 | Employer 3 | Employer 4 | Employer 5 | Employer 6 | Total Expended |
|------------------------------|--|------------|------------|------------|------------|------------|----------------|
| A. Meals and Beverages | \$ 0 | \$ 0 | \$ | \$ | \$ | \$ | \$ 0 |
| B. Lodging | \$ 0 | \$ 0 | \$ | \$ | \$ | \$ | \$ 0 |
| C. Advertising | \$ 0 | \$ 0 | \$ | \$ | \$ | \$ | \$ 0 |
| D. Travel | \$ 0 | \$ 0 | \$ | \$ | \$ | \$ | \$ 0 |
| E. Gifts | \$ 0 | \$ 0 | \$ | \$ | \$ | \$ | \$ 0 |
| F. Other Expenses | \$ 0 | \$ 0 | \$ | \$ | \$ | \$ | \$ 0 |
| G. Group Expenditures | \$ 0 | \$ 0 | \$ | \$ | \$ | \$ | \$ 0 |
| H. Campaign Contributions | <i>LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.</i> | | | | | | \$ 0 |
| I. TOTAL of all expenditures | \$ 0 | \$ 0 | \$ | \$ | \$ | \$ | \$ 0 |

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.

6. 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