West Virginia Ethics Commission

Lobbyist Activity Report Form

2017-02

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

West Virginia Ethics Commission
Attn: Lobbyist Registrar Hand deliver
210 Brooks St., Ste. 300 9/30
Charleston, WV 25301 9/30
304-558-0664 No faxed copies
For office use only:
Postmark Rec'd 165
Days late 5 Fine \$30

| Late | eporting jii | ie - 310 per busi | ness ady pas | t the aue aute | (\$250 maxim | umj | | | Mi | |
|--|--------------------|-------------------|--------------|----------------|--------------------|------------------|----------------------------|----------------|-----------------|--|
| 1. N | lame and cor | ntact information | | | | | | | | |
| Name Don Smith | | | | | | Dhana | 304-550-0454 | | | |
| Address 3422 Pennsylvania Avenue | | | | | | Phone _ | Phone donsmith@wvpress.org | | | |
| Address | | | | | | Email | | *** Proce.c | , i g | |
| | | | | | | | | | | |
| City, State Zip Charleston WV 25302 | | | | | | | | | | |
| City, 3 | | | | | | | | | | |
| 2. Reporting period for which this activity report is being filed | | | | | | | | | | |
| Check Report Period Due Date | | | | | | | | | | |
| X | | 5/1/17-8/31/17 | 9/15/2017 | | | | | | | |
| | 1 2021 2 | 0/1/1. 0/01/1. | 3,13,201, | | | | | | | |
| | | | | | | | | | | |
| 3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary. | | | | | | | | | | |
| | | | | | | | | | necessary. | |
| 1. West Virginia Press Association 4. | | | | | | | | | | |
| 2 5 | | | | | | | | | | |
| | | | | | | | | | | |
| 36 | | | | | | | | | | |
| | | | | | | | | | | |
| 4. Lobbying activity summary - If there was no activity or expenditures, indicate "none." | | | | | | | | | | |
| None | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 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 Catego | | Employer 1 | Employer 2 | Employer 3 | Employer 4 | Employer 5 | Employer 6 | Total Expended | |
| A. | Meals and | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| B. | Lodging | Deverages | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| C. | Advertising | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| D. | Travel | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| E. | Gifts | | \$ | \$ | \$ | \$ | \$ | \$ | Ś | |
| F. | Other Expenses | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| G. | Group Expenditures | | \$ | \$ | Ś | Ś | Ś | \$ | \$ | |
| Н. | | Contributions | | | | | | | \$ | |
| I. | | Il expenditures | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| If you s | | contributed to an | | or shared expe | nses, list the tot | al expended in c | | nediately abov | e. 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 868-3-9 to willfully and knowledge file a false or incomplete report. I further understand that if convicted of such an act. I