

# Lobbyist Activity Report Form

2017-02

Received

SEP 13 2017

WV Ethics Commission

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 \_\_\_\_\_

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

**1. Name and contact information**

Name William M. Swann  
 Address 707 Virginia Street, E  
Suite 1500  
 City, State Zip Charleston, WV 25301

Phone 304.345.8900  
 Email wswann@kaycasto.com

Page 1 of 2

**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 Beverage Association</u>              | 4. <u>Express Scripts Holding Company</u>      |
| 2. <u>WV Society of Professional Surveyors</u> | 5. <u>WV Association of Nurse Anesthetists</u> |
| 3. <u>WV Medical Institute</u>                 | 6. <u>Hundred Resources, Inc.</u>              |

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

All issues effecting economic development, recycling, health, public utility, telecommunications, surveying, technology, oil & gas energy, financial, gaming and other general issues

**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	\$0	\$0	\$0	\$0
B. Lodging	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C. Advertising	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D. Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E. Gifts	\$0	\$0	\$0	\$0	\$0	\$0	\$0
F. Other Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0
G. Group Expenditures	\$0	\$0	\$0	\$0	\$0	\$0	\$0
H. Campaign Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.						\$0
I. TOTAL of all expenditures	\$0	\$0	\$0	\$0	\$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

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- |                                  |          |
|----------------------------------|----------|
| 1. <u>Merck</u>                  | 4. _____ |
| 2. <u>Verizon Communications</u> | 5. _____ |
| 3. <u>The Health Plan</u>        | 6. _____ |


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D. Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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