**West Virginia Ethics Commission** 

Received

**NV Ethics Commission** 

## **Lobbyist Activity Report Form**

Lobbyist certification - Please read and sign below.

JAN 17 2018 2017-03

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:

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

						41441			
Name and contact information									
Name	<sub>me</sub> Loarie H. Butcher				Phone 304.543.7174  Email Ihb@Ihbstrat.com				
	Address PO Box 432				lhb@lhbstrat.com				
Addres	S 1 0 20X 102			Email					
Dinch VAV 25156									
City, State Zip Pinch, WV 25156									
	eporting period for which this		is being filed						
Check	Report Period	Due Date							
Х	2017-3 9/1/17-12/31/17	1/15/2018							
		-						>	
					2010/10/10/10				
3. List all employers/organizations that you represent as a lobbyist									
1. WV Nurses Association 4. Pharmaceutical Care Management Association									
Microsoft 5. WV Association of Colleges and Universitit							iversitite:		
					Save the Children				
5									
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.									
Expend	diture Categories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
A.	Meals and Beverages	\$	\$	\$	\$	\$	\$	\$	
В.	Lodging	\$	\$	\$	\$	\$	\$	\$	
C.	Advertising	\$	\$	\$	\$	\$	\$	\$	
D.	Travel	\$	\$	\$	\$	\$	\$	\$	
E.	Gifts	\$	\$	\$	\$	\$	\$	\$	
F.	Other Expenses	\$	\$	\$	\$	\$	\$	\$	
G.	Group Expenditures	\$	\$	\$	\$	\$	\$	\$	
Н.	Campaign Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.							
I.	TOTAL of all expenditures	\$()	\$	\$	\$	\$	\$	\$	
If you	sponsored or contributed to ar	y group event	or shared expe	nses, list the tot	al expended in c	ategory 5G imn	nediately above	e. 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