

# Lobbyist Activity Report Form

2017-03

Received

APR 16 2018

FORM 1 OF 2

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 SCOTT COSCA  
 Address PO BOX 11115  
 City, State Zip CHARLESTON, WV 25339

Phone 800-346-5127 or 304-633-7287  
 Email SCOTT@H2CSTRATEGIES.COM

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

Check	Report	Period	Due Date				
x	2017-3	9/1/17-12/31/17	1/15/2018				

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

Use additional reporting forms if necessary.

- BAXTER HEALTHCARE
- AUTO LOTTO
- CHILDRENS MAGIC
- WV DIRECTORS OF SENIOR & COMMUNITY SERVICES
- DISCOVERY RIDGE RECOVERY CENTER
- FRONTIER COMMUNICATIONS

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

ATTENDED MEETINGS WITH LEGISLATORS AND VARIOUS GOVERNMENT OFFICIALS.

**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	\$	\$	\$	\$	\$	\$	\$
B. Lodging	\$	\$	\$	\$	\$	\$	\$
C. Advertising	\$	\$	\$	\$	\$	\$	\$
D. Travel	\$	\$	\$	\$	\$	\$	\$
E. Gifts	\$	\$	\$	\$	\$	\$	\$
F. Other Expenses	\$	\$	\$	\$	\$	\$	\$
G. Group Expenditures	\$	\$	\$	\$	\$	\$	\$
H. Campaign Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.						\$ 850.00
I. TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$ 850.00

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

**1. Name and contact information**

Name Scott Cosco Phone 304-633-7297  
 Address Po Box 1115 Email SCOTT@H2CSTRATEGIES.COM  
 City, State Zip CHARLESTON, WV 25319

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

Check	Report	Period	Due Date				
x	2017-3	9/1/17-12/31/17	1/15/2018				

**3. List all employers/organizations that you represent as a lobbyist** *Use additional reporting forms if necessary.*

- MULTISTATE ASSOCIATES, INC.
- NECCO, INC.
- WV STATE FIREMAN'S ASSOC.
- WV ASSOCIATION OF COUNTIES
- INDIVIDUAL
- AMERICAN HEART ASSOC.
- NOVO NORDISK
- PETFOOD INSTA
- BOY INC.

**4. Lobbying activity summary - If there was no activity or expenditures, indicate "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.

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

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 herein and on any attached materials is true, correct and complete to the best of my knowledge.