West Virginia Ethics Commission

Lobbyist Activity Report Form

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:
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 Elizabeth A. Frame Phone (304) 347-1100											
						oframo@hawlodricd.com					
Address Bowles Rice LLP							eframe@bowlesrice.com				
600 Quarrier Street JAN 2 2 2018											
City, State Zip Charleston, West Virginia 25301						JAN ZZ ZIIIO					
City, 5							W Ethics Commission				
2. Reporting period for which this activity report is being filed											
Check Report Period Due Date											
х	2017-3	9/1/17-12/31/17	1/15/2018								
	2017 5	3/1/1/12/31/1/	2, 23, 2020								
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.											
1. Community Bankers of West Virginia 4											
2. Multistate Associates, Inc. on behalf of EPIC Pharmacies 5											
3. Roberty C. Byrd Corridor H Highway Authority 6.											
J											
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."											
Banking and related issues; pharmacies, pharmacists, prescription drugs, health care, taxes											
regulation of pharmacies and pharmacists, retailing, marketing and all related matters, highway											
and transportation issues, completion of Corridor H											
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.											
Expen	diture Cate	gories	Employer 1	Employer 2	Employer 3	Employe	er 4 En	nployer 5	Employer 6	Total Expended	
A.	Meals and	Beverages	\$	\$	\$	\$	\$		\$	\$ 0.00	
В.	Lodging		\$	\$	\$	\$	\$		\$	\$ 0.00	
C.	Advertisin	g	\$	\$	\$	\$	\$		\$	\$ 0.00	
D.	Travel		\$	\$	\$	\$	\$		\$	\$ 0.00	
E.	Gifts		\$	\$	\$	\$	\$		\$	\$ 0.00	
F.	Other Exp	enses	\$	\$	\$	\$	\$		\$	\$ 0.00	
G.		penditures	\$	\$	\$	\$	\$		\$	\$ 0.00	
Н.	Campaign Contributions LIST AMOUNT IN "TOTAL EXPENDED"									\$ 0.00	
1.											
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 a violation of WV Code §6B-3-9 to willfully and knowingly file a false or incomplete report. I further understand that if convicted of such an act, I

Payee:

WV ETHICS COMMISSION

. . . .

Inv. Date

1/23/18-L.FRAME 01/23/18

Check Date:

01/23/18

Check Number:

286745

Amount

Inv Total

40.00

40.00

Invoice Totals:

\$40.00

\$40.00

Received

JAN 23 2018

WV Ethico Commission