

# 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 \_\_\_\_\_

Received  
 (Form 1 of 2) JAN 16 2018  
 WV Ethics Commission

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

**1. Name and contact information**

Name FRANK HARTMAN Phone 800-346-5127  
 Address P.O. Box 11115 Email FRANK@H2CSTRATEGYS.COM  
SE  
 City, State Zip CHARLESTON, WV 25339

**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/LOTTERY.COM
- CHILDREN'S MAGIC, US
- WV DIRECTORS of SENIORS & COMMUNITY SERVICES
- DISCOVERY RIDGE RECREATION CENTER
- FRONTIER COMMUNICATIONS

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

ATTENDED LEGISLATIVE MEETINGS; MEETINGS WITH STAFF;  
ATTENDED INTERNAL SESSION

**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>						\$ 100
I. TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$ 100

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. Name and contact information**

Name FRANK HARTMAN Phone 800-346-5127  
 Address P.O. BOX 1115 Email FRANK@HZCSTRATEGIES.COM  
 City, State Zip CHARLESTON, WV 25339

**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.*

1. MULTISTATE MACHINES, INC 4. WV ASSOCIATION OF CONG OFFICERS  
 2. NECCO, INC 5. INDIVIDUAL  
 3. WV STATE FARMERS ASSOC. 6. NATURAL SYNERGY 7. EVERYBODY FOR GUN SAFETY

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

8. WV CONSTITUTIONAL AGENCY DOMESTIC VIOLATIONS

**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.

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