West Virginia Ethics Commission

Lobbyist Activity Report Form

6. Lobbyist certification - Please read and sign below.

2017-03

Received

JAN 10 2018

W Ethics Commission

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 No faxed copies

304-558-0664

For office use only:

stmark	 Rec'd		
!-+-	Tino.		

Name and contact information												
Name	ame Samuel A Hickman						Phone 304 345-6279					
	dress National Assoc of Social Workers WV Chapter Email shickman.naswwv@soc								alworkers org			
Addres				15 VVV CITE	pter	Email	3110KITIGIT.ITG		aiworkero.org			
	1608 Virginia Street East											
City, State Zip Charleston, WV 25311												
orty, state tip												
2. R	2. Reporting period for which this activity report is being filed											
Check		Period	Due Date	is being med								
Х	2017-3	9/1/17-12/31/17	1/15/2018									
	2027 0	0,2,2, 22,02,2	2/20/2020									
		,										
3. List all employers/organizations that you represent as a lobbyist												
1.	National	Assoc of Socia	al Workers	WV Chapte	er 4							
2					5.							
3.					6							
4. Lo	obbying acti	vity summary - If th	nere was no ac	ctivity or expen	ditures, indicate	e "none."						
Discuss health, behavioral health, social and economic justice issues, budget, professional licensing,												
and	admini	strative issue	es with le	gisiators, i	egisiative	stan, and	administra	tion officia	alS			
	kpenditures											
		, including campaig										
		y on any public offic					st the amounts sp	ent in each of t	he following			
	diture Categ	h employer you rep	Employer 1	Employer 2	Employer 3		Employer 5	Employer 6	Total Expended			
		Beverages	\$	\$	\$	Employer 4	\$	\$	\$			
A. B.	Lodging	Deverages	\$	\$	\$	\$	Ś	\$	\$			
C.	Advertisin	a	\$	\$	\$	\$	\$	\$	\$			
D.	Travel	5	\$	\$	\$	\$	\$	\$	\$			
E.	Gifts		\$	\$	\$	\$	\$	\$	\$			
F.	Other Exp	enses	\$	\$	Ś	\$	\$	\$	\$			
G.		enditures	\$	\$	\$	\$	\$	\$	\$			
Н.		Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. \$80.00									
l.		all expenditures	\$	\$	\$	\$	\$	\$	\$ 80.00			
If you		or contributed to an	y group event	or shared expe	nses, list the tot	al expended i	n category 5G imr	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 a violation of WV Code 868-3-9 to willfully and knowingly file a false or incomplete report. I further understand that if convicted of such an act. I