West Virginia Ethics Commission

Lobbyist Activity Report Form Received

Lobbyist certification - Please read and sign below.

2017-03

JAN 08 200

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 Irvin Dwayne O'Dell Phone (304) 871-0885 | | | | | | | |) | |
| Phone Phone | | | | | | | | arma a ma | |
| Name Irvin Dwayne O'Dell Address 858 hittle Lefthand Rd Phone (304) 871-0885 Email dwayneo@wvfarm.org | | | | | | | | | |
| , | | | | | | | | | |
| City, State Zip Amma, WV 25005 | | | | | | | | | |
| City, State Lip | | | | | | | | | |
| | | | | | | | | | |
| | , | | | | | | | | |
| Check | | Due Date | | | | _ | | | |
| Х | 2017-3 9/1/17-12/31/17 | 7 1/15/2018 | | | W. A. W. | | | | |
| | | | | | | | | | |
| | | | BOARTS TO A SHOULD | | | | | | |
| 3. List all employers/organizations that you represent as a lobbyist | | | | | | | | | |
| 1. West Virginia Farm Bureau, Inc. 4. | | | | | | | | | |
| 1. | 1.4001 | | | | | | | | |
| 2 5 | | | | | | | | | |
| 3 | | | | | | | | | |
| | | | | | | | | | |
| A Lobbying activity summary. If there was no activity or expanditures indicate "name" | | | | | | | | | |
| 4. Lobbying activity summary - If there was no activity or expenditures, indicate "none." | | | | | | | | | |
| None | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 5. Expenditures | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 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. | | | | | | | | | |
| | diture Categories | Employer 1 | Employer 2 | Employer 3 | Employer 4 | Employer 5 | Employer 6 | Total Expended | |
| Α. | Meals and Beverages | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| В. | Lodging | \$ | Ś | \$ | \$ | Ś | \$ | \$ | |
| C. | Advertising | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| D. | Travel | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| E. | Gifts | \$ | Ś | \$ | \$ | Ś | \$ | \$ | |
| F. | Other Expenses | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| G. | Group Expenditures | Ś | Ś | \$ | Ś | \$ | \$ | \$ | |
| Н. | Campaign Contributions | | | (PENDED" COLU | | | | \$ | |
| l. | 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. | | | | | | | | | |

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