## Received

**West Virginia Ethics Commission** 

Name and contact information

Name Alison Patient

## **Lobbyist Activity Report Form**

Lobbyist certification - Please read and sign below.

JAN 04 2002

2017-03

**NV Ethics Commission** 

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 \_\_\_\_\_

Phone \_704-557-4508

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

	Email alison.patient@ccbcc.com	
City, State Zip Charlotte, NC 28211		
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	portina forms i	f necessary.
Coca Cola Battling Co. Consolidated		,
2		
3 6		
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."		
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 s	pent in each of	the following
		S
categories per each employer you represent. Complete and attach Schedule A to this report.	Employer 6	Total Expended
categories per each employer you represent. Complete and attach Schedule A to this report.  Expenditure Categories		Total Expended
	\$	\$
Expenditure Categories Employer 1 Employer 2 Employer 3 Employer 4 Employer 5		
Expenditure Categories Employer 1 Employer 2 Employer 3 Employer 4 Employer 5  A. Meals and Beverages \$ \$ \$ \$ \$	\$	\$
Expenditure Categories Employer 1 Employer 2 Employer 3 Employer 4 Employer 5  A. Meals and Beverages \$ \$ \$ \$ \$ \$  B. Lodging \$ \$ \$ \$ \$ \$	\$	\$
Expenditure Categories	\$ \$	\$ \$
Expenditure Categories         Employer 1         Employer 2         Employer 3         Employer 4         Employer 5           A.         Meals and Beverages         \$	\$ \$ \$ \$	\$ \$ \$
Expenditure Categories         Employer 1         Employer 2         Employer 3         Employer 4         Employer 5           A.         Meals and Beverages         \$	\$ \$ \$ \$ \$	\$ \$ \$ \$ \$
Expenditure Categories         Employer 1         Employer 2         Employer 3         Employer 4         Employer 5           A.         Meals and Beverages         \$	\$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$
Expenditure Categories         Employer 1         Employer 2         Employer 3         Employer 4         Employer 5           A.         Meals and Beverages         \$	\$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
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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