

Received

JAN 04 2013

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 William M. Swann
Address 707 Virginia Street, East
Suite 1500
City, State Zip Charleston, WV 25301

Phone 304-345-8900
Email wswann@kaycasto.com

Page 1 of 2

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.

- WV Beverage Association
- WV Society of Professional Surveyors
- WV Medical Institute
- Express Scripts Holding Company
- WV Association of Nurse Anesthetists
- Hundred Resources, Inc.


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

All issues effecting economic development, recycling, health, public utility, telecommunications, surveying, technology, oil & gas energy, financial, gaming and other general issues

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	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B. Lodging	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C. Advertising	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D. Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E. Gifts	\$0	\$0	\$0	\$0	\$0	\$0	\$0
F. Other Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0
G. Group Expenditures	\$0	\$0	\$0	\$0	\$0	\$0	\$0
H. Campaign Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. 						\$0
I. TOTAL of all expenditures	\$0	\$0	\$0	\$0	\$0	\$0	\$0

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

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- | | |
|----------------------------------|----------|
| 1. <u>Merck</u> | 4. _____ |
| 2. <u>Verizon Communications</u> | 5. _____ |
| 3. <u>The Health Plan</u> | 6. _____ |


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