West Virginia Ethics Commission

Lobbyist Activity Report Form

2018-01

Received MAY 1.5 2018

VV Ethies Gemmission

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 Fine

ddress	Name Andrew R. Wessels					Phone (304) 590-3778			
	Address 844 Carroll Road					Email awessels@sterlingwv.com			
tv. Sta	te Zip Charleston, WV 2	5314-1850							
-,,									
Rep	porting period for which thi	s activity report	is being filed						
neck	Report Period	Due Date							
K	2018-1 1/1/18-4/30/18	5/15/2018							
List	t all employers/organization	ns that you repr	esent as a lobb	yist	ist Use additional reporting forms if necessary.				
1. r	n/a			4. ^{n/a}					
2. <u>n/a</u>				_{5.} n/a					
3. n/a				6. n/a					
3									
no exp you sp	penditures penditures, including campo pent money on any public of ies per each employer you re	ficial, employee	or member of			the amounts sp	ent in each of t	the following	
	iture Categories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expende	
	Meals and Beverages	\$	\$	\$	\$	\$	\$	\$	
	Lodging	\$	\$	\$	\$	\$	\$		
	A d	II 6	\$	\$		\$	II C	\$	
	Advertising	\$			\$		\$	\$	
	Travel	\$	\$	\$	\$	\$	\$	\$	
	Travel Gifts	\$	\$	\$	\$	\$ \$	\$	\$ \$ \$	
	Travel Gifts Other Expenses	\$ \$ \$	\$ \$ \$	\$ \$ \$	\$	\$	\$	\$	
	Travel Gifts Other Expenses Group Expenditures	\$ \$ \$ \$	\$ \$ \$ \$ \$	\$	\$ \$ \$ \$	\$ \$	\$ \$	\$ \$ \$	
	Travel Gifts Other Expenses	\$ \$ \$ \$	\$ \$ \$ \$ \$	\$ \$ \$ \$ \$	\$ \$ \$ \$	\$ \$	\$ \$	\$ \$ \$ \$	
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you sp	Travel Gifts Other Expenses Group Expenditures Campaign Contributions TOTAL of all expenditures consored or contributed to a	\$ \$ \$ \$ LIST AMOUNT \$ any group event	\$ \$ \$ \$ IT IN "TOTAL EX	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$	