West Virginia Ethics Commission

Lobbyist Activity Report Form

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

2018-02

Lobbyist Signature:

West Virginia Ethics Commission Attn: Lobbyist Registrar

210 Brooks St., Ste. 300 Charleston, WV 25301

304-558-0664 For office use only: No faxed copies

Postmark Rec'd
Days late Fine

1. Name and contact information										
Name SIM BOWEN						Phone 487-496-2589				
						Email JBONEN 1935 D. VAHOR COM				
Address 118 BRYOV BEND ROAD Email TROVEN 1935 ON YAHOO O									14 HOO (0/1	
City, State Zip BROVELBNO, Fh. 34136										
							Atto			
2. Reporting period for which this activity report is being filed						VVI				
Check	Report	Period	Due Date			Ethica 2010				
X	2018-2	5/1/18-8/31/18	9/17/2018					Com	-10	
								TOMPILS	8/0.	
									-01	
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.										
1/ 0.										
1. HUNDRED HESOURES, INC. 4.										
2. PHD PAKTNERS 5.										
36										
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
- NAKE										
1 4 0 1										
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.										
							Franksias F	Franks on C	Total Foresulad	
_	Expenditure Categories		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
A.	Meals and Beverages		\$	\$	\$	\$	\$	\$	\$	
B.	Lodging		\$	\$	\$	\$	\$	\$	\$	
C.	Advertising Travel		\$	\$	\$	\$	\$	\$	\$	
E.	Gifts		\$	\$	\$	\$	\$	\$	\$	
F.	Other Expenses		\$	\$	\$	\$	\$	\$	\$	
G.	Group Expenditures		\$	Ś	Ś	Š	\$	\$	\$	
Н.		Campaign Contributions		LIST AMOUNT IN "TOTAL EXPENDED" COLUI			_		\$	
l.	TOTAL of all expenditures		\$ \$ \$			Ś	Ś	\$	Ś	
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. L	obbyist cert	ification – Please r	ead and sign b	elow.						
To the	best of my	knowledge, the info	ormation conta	ained hereon ar	nd on any attach	ed materials is tr	ue. correct and	l complete. I u	nderstand that it is	
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										
may be fined, sentenced to fail or both:										