West Virginia Ethics Commission

may be fined, sentenced to jail or both.

Lobbyist Signature: Tracy Fath

Lobbyist Activity Report Form

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

2018-02

Received AUG 2 8 2011

NY Ethies Germission

West Virginia Ethics Commission Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301

304-558-0664 No faxed copies

Date: 08/27/2018

For office use only:

 Postmark _______ Rec'd ______

 Days late ______ Fine ______

		ntact information							
Name Tracy Dawn Fath						Phone 304.637.3467			
Address 812 Gorman Avenue						Email fa	Email fath.tracy@davishealthsystem.org		
City, St	ate Zip E	lkins, WV 26241							
	-	riod for which this		is being filed					
Check	Report	Period	Due Date						
Х	2018-2	5/1/18-8/31/18	9/17/2018						
				Section Fin		(CANO			
		(Ab at you your	acout ac a lobby	iet	He	additional res	portina forms i	f necessary
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.									
1. Davis Health System 4									
25									
3									
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."									
5. Ex	penditure:	5							
If no ex	xpenditure:	s, including campai	gn contribution	ns, mark here:	1				
If you	spent mone	y on any public offi	cial, employee	or member of h	nis or her immed	diate family, list	the amounts sp	ent in each of	the following
catego	ries per ead	ch employer you rep	oresent. Comp	lete and attach	Schedule A to t	his report.			
Expenditure Categories		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
A.	Meals and	d Beverages	\$	\$	\$	\$	\$	\$	\$
В.	Lodging		\$	\$	\$	\$	\$	\$	\$
C.	Advertisir	ng	\$	\$	\$	\$	\$	\$	\$
D.	Travel		\$	\$	\$	\$	\$	\$	\$
E.	Gifts		\$	\$	\$	\$	\$	\$	\$
F.	Other Exp	enses	\$	\$	\$	\$	\$	\$	\$
G.	Group Expenditures		\$	\$	\$	\$	\$	\$	\$
H.	Campaign contributions							\$	
ī.	TOTAL of all expenditures \$ \$			\$	\$	\$	\$	\$	\$
If you	sponsored	or contributed to ar	ny group event	or shared expe	nses, list the tot	al expended in o	ategory 5G imr	nediately abov	e. Complete and
		B for each event.							
6. L	obbyist cer	tification – Please r	ead and sign b	elow.					

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

Digitally signed by Tracy Fath Date: 2018.08.27 14:57:37 -04'00'