West Virginia Ethics Commission

Received

Lobbyist Activity Report Form SEP 17 2018 2018-02

VV 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 | | | | | | | |
| | | | | | | | |

| Late re | porting f | ine - \$10 per busii | ness day pasi | t the due date | (\$250 maximi | um) | | | | | |
|--------------------------------------|-----------------------|-----------------------|---------------------------------|--------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------|--|--|
| | | intact information | | | | | | | | | |
| Name Jeremy Kudon | | | | | | Phone (202) 339-8400 | | | | | |
| Address 1152 15th Street NW | | | | | | Email compliance@orrick.com | | | | | |
| Addres | 5 | | | Email | Email | | | | | | |
| | - 10 | /achington DC 201 | | | | | | | | | |
| City, State Zip Washington, DC 20005 | | | | | | | | | | | |
| 2. Re | porting pe | riod for which this | activity report | is being filed | | - | | | | | |
| Check | | | | | | | | | | | |
| х | 2018-2 | 5/1/18-8/31/18 | 9/17/2018 | | | 2,511/1 | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 3. Lis | t all emplo | yers/organizations | that you repr | esent as a lobb | yist | Use | e additional rep | orting forms i | f necessary. | | |
| | Major League Baseball | | | | | | | | | | |
| | | | | | | | | | | | |
| 2. National Basketball Association 5 | | | | | | | | | | | |
| 36, | | | | | | | | | | | |
| | | | | | | | | | | | |
| 4. Lo | bbying act | ivity summary - If t | here was no a | ctivity or expen | ditures, indicat | e "none." | | | | | |
| None | | | | | | | | | | | |
| - | NOTIC | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | penditure | | | | | | | | | | |
| if no e | kpenditure. | s, including campai | gn contributio | ns, mark here: | | | | | | | |
| If you s | pent mone | y on any public offi | cial, employee | or member of l | his or her immed | diate family, list i | the amounts sp | ent in each of t | the following | | |
| | | ch employer you re | | | | Employer 4 | Employer 5 | Employer 6 | Total Expended | | |
| | diture Cate | | Employer 1 | Employer 2 | Employer 3 | \$ | \$ | \$ | \$0 | | |
| Α. | | d Beverages | \$ | \$ | \$ | \$ | \$ | \$ | 50 | | |
| B. | Lodging | | \$ | \$ | \$ | \$ | \$ | \$ | \$0 | | |
| C. | Advertisir Travel | ng . | \$ | \$ | \$ | \$ | \$ | \$ | \$0 | | |
| E. | Gifts | | \$ | \$ | \$ | \$ | \$ | \$ | \$0 | | |
| F. | Other Exp | enses | \$ | .\$ | \$ | \$ | \$ | \$ | \$0 | | |
| G. | | penditures | \$ | \$ | \$ | \$ | \$ | \$ | \$0 | | |
| Н. | | | LIST AMOUNT IN "TOTAL EXPENDED" | | | | STATE STATE | | \$0 | | |
| 1. | | | | | \$ | \$ | \$ | \$ | \$0 | | |
| | | or contributed to ar | ny group event | or shared expe | nses, list the tot | al expended in c | ategory 5G imn | nediately abov | e. Complete and | | |
| attach | a Schedule | B for each event. | N/A | | | | | | | | |
| | 11 1. | | | | | MANAGEMENT COMPANY AND THE COM | decreased the second se | | | | |
| 6. Lo | obbyist cer | tification – Please r | ead and sign t | elow. | | | | | | | |
| To the | best of my | knowledge, the inf | ormation cont | ained hereon ai | nd on any attach | ed materials is t | rue, correct and | d complete. I u | nderstand that it is | | |
| a viola | tion of WV | Code §6B-3-9 to w | ilifully and kno | wingly file a fal: | se or incomplete | report. I furthe | er understand th | nat if convicted | of such an act, I | | |
| | | ntences to jail or bo | | 1 | | | | 01-1 | .0 | | |
| Labbei | st Signatu | ra. / | - U | udos | | | Date: | 7/17 | 18 | | |
| 200041 | or signatu | | | | | | | 1 | manocompassionist. | | |
| | | | | | | | | | | | |