**West Virginia Ethics Commission** 

## **Lobbyist Activity Report Form**

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

2018-02

SEP 10 20

**VY** Ethies Gemmission

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

| 1. Name and contact information  |                              |                    |                  |  |                  |                     |                 |                 |        |                |  |
|--|------------------------------|--------------------|------------------|--|------------------|---------------------|-----------------|-----------------|--------|----------------|--|
| Name SEAN MCGOWAN  |                              |                    |                  |  |                  | Phone 770-389-5391  |                 |                 |        |                |  |
| Address 2155 HIGHWAY 42 S  |                              |                    |                  |  |                  | Email_              | SMCGOWAN        | I@SSPBA.O       | RG     |                |  |
|  |                              |                    |                  |  |                  |                     |                 |                 |        |                |  |
| City, S  | tate Zip                     | MCDONOUGH          |                  |  |                  |                     |                 |                 |        |                |  |
| 2. Reporting period for which this activity report is being filed  |                              |                    |                  |  |                  |                     |                 |                 |        |                |  |
| Check  | Report                       | Period             | Due Date         | t is being med   | A STUDENTS       | EDVIS FINE          |                 |                 |        | 1              |  |
| х  | 2018-2                       | 5/1/18-8/31/18     | 9/17/2018        | Tope to a top to a to |                  |                     |                 |                 |        | -              |  |
|  |                              |                    |                  |  |                  |                     |                 |                 |        |                |  |
|  |                              |                    |                  |  |                  |                     |                 |                 |        |                |  |
| 3. List all employers/organizations that you represent as a lobbyist   |                              |                    |                  |  |                  |                     |                 |                 |        |                |  |
| 1, SOUTHERN STATES POLICE BENEVOLENT ASSOC. INC  |                              |                    |                  |  |                  |                     |                 |                 |        |                |  |
|  |                              |                    |                  |  |                  |                     |                 |                 |        |                |  |
| 2,   | 2 5                          |                    |                  |  |                  |                     |                 |                 |        |                |  |
| 3 6  |                              |                    |                  |  |                  |                     |                 |                 |        |                |  |
|  |                              |                    |                  |  |                  |                     |                 |                 |        |                |  |
| 4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."  |                              |                    |                  |  |                  |                     |                 |                 |        |                |  |
|  |                              |                    |                  |  |                  |                     |                 |                 |        |                |  |
| WANTE OF THE PROPERTY OF THE P |                              |                    |                  |  |                  |                     |                 |                 |        |                |  |
| NONE   |                              |                    |                  |  |                  |                     |                 |                 |        |                |  |
|  |                              |                    |                  |  |                  |                     |                 |                 |        |                |  |
| 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.   |                              |                    |                  |  |                  |                     |                 |                 |        |                |  |
| Expend   | penditure Categories         |                    | Employer 1       | Employer 2   | Employer 3       | Employer 4          | Employer 5      | Employer 6      | Tota   | al Expended    |  |
| Α.   | Meals and                    | Beverages          | \$               | \$   | \$               | \$                  | \$              | \$              | \$     | 0              |  |
| B.   | Lodging                      |                    | \$               | \$   | \$               | \$                  | \$              | \$              | \$     | 0              |  |
| C.   | Advertising<br>Travel        |                    | \$               | \$   | \$               | \$                  | \$              | \$              | \$     | 0              |  |
| D.<br>E.   | Gifts                        |                    | \$               | \$   | \$               | \$                  | \$              | \$              | \$     | 0              |  |
|  | Other Expenses               |                    | \$               | \$   | \$               | \$                  | \$              | \$              | \$     | 0              |  |
| G.   | Group Expe                   |                    | Ś                | Ś  | Š                | \$                  | \$              | \$              | \$     | 0              |  |
|  |                              |                    |                  | IT IN "TOTAL EXPENDED" COLUMN  |                  | VIN.                | \$ \$ \$ 0      |                 |        |                |  |
|  | TOTAL of all expenditures \$ |                    | \$               | \$   | \$               | \$                  | Ś               | \$              | 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. NONE   |                              |                    |                  |  |                  |                     |                 |                 |        |                |  |
| 6. Lobbyist certification – Please read and sign below.  |                              |                    |                  |  |                  |                     |                 |                 |        |                |  |
|  |                              |                    |                  |  |                  |                     |                 |                 |        |                |  |
| To the b   | est of my k                  | nowledge, the info | rmation conta    | iined hereon an  | d on any attache | ed materials is tru | ie, correct and | complete. I un  | derst  | and that it is |  |
| a violati  | on of WV C                   | ode §6B-3-9 to wi  | litully and know | wingly file a false  | e or incomplete  | report. I further   | understand tha  | it if convicted | of suc | h an act, I    |  |
|  |                              |                    | 5                | 1//  |                  |                     |                 | 0 7 0           |        |                |  |
| Lobbyist Signature: Date: 8-30-18  |                              |                    |                  |  |                  |                     |                 |                 |        |                |  |