West Virginia Ethics Commission

Lobbyist Signature:

Lobbyist Activity Report Form 2018-02

SEP 0 4 2018

NV Ethics Gemmission

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

304-558-0664 I For office use only:

Postmark _____ Days late _____ No faxed copies

Fine

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

							1		
1. Name and contact information									
Name John Everett Roush Phone 304.344 2679									
Address FFT-WY Email ious @altwo.ma									
Audiess 11 / G 1 /									
16/5 Washington Street East; Suite 300									
City, State Zip Charleston WY 25311									
2. Reporting period for which this activity report is being filed									
Check									
X	2018-2	5/1/18-8/31/18	9/17/2018						
	2010 2	3, 1, 10 0, 01, 10	3,27,2020						
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.									
1. American Ederation of 4.									
·									
3 6									
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."									
Nove									
A ME TOTAL									
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.									
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		\$		\$	\$	\$	\$	\$
D.			\$	\$	\$	\$	\$	\$	\$
E.	Gifts Other Eveness		\$	\$	\$	\$	\$	\$	\$
F.	Other Expenses								
G.			\$	\$	\$	\$	\$	\$	\$
Н.			LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.				6 ~	ė (N	\$
I. TOTAL of all expenditures \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$									
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.									
attach a Julieutie D IOI Each Event.									
6. Lc	bhvist cert	ification – Please re	ad and sign h	elow.					
		knowledge, the info							
		Code §6B-3-9 to wil		wingly file a fals	e or incomplete	report. I further	understand th	at if convicted	of such an act, I
may be fined, sentenced to jail or both.									