

West Virginia Ethics Commission

# Lobbyist Activity Report Form

2018-02

**Received**  
**SEP 17 2018**  
WV 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 reporting fine - \$10 per business day past the due date (\$250 maximum)*

1. Name and contact information

Name Joseph M. Ward Phone 304-345-0111  
 Address 500 Virginia Street, Suite 1100 Email jward@fbtlaw.com  
 City, State Zip Charleston, WV 25301

2. Reporting period for which this activity report is being filed

Check	Report	Period	Due Date
x	2018-2	5/1/18-8/31/18	9/17/2018

3. List all employers/organizations that you represent as a lobbyist *Use additional reporting forms if necessary.*

1. <u>MedExpress Urgent Care, Inc. - West Virginia</u>	4. <u>National Football League c/o MultiState Associates, Inc.</u>
2. <u>Pomeroy</u>	5. _____
3. <u>American Municipal Power, Inc.</u>	6. _____

4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."

Communicate with Administration and Legislature regarding sports betting legislature.

5. Expenditures

*If no expenditures, including campaign contributions, mark here:*    

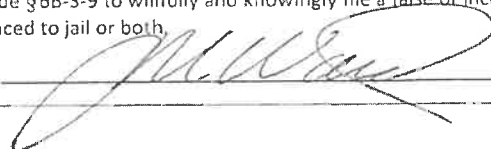
If you spent money on any public official, employee or member of his or her immediate family, list the amounts spent in each of the following categories per each employer you represent. Complete and attach Schedule A to this report.

Expenditure Categories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended
A. Meals and Beverages	\$	\$	\$	\$	\$	\$	\$
B. Lodging	\$	\$	\$	\$	\$	\$	\$
C. Advertising	\$	\$	\$	\$	\$	\$	\$
D. Travel	\$	\$	\$	\$	\$	\$	\$
E. Gifts	\$	\$	\$	\$	\$	\$	\$
F. Other Expenses	\$	\$	\$	\$	\$	\$	\$
G. Group Expenditures	\$	\$	\$	\$	\$	\$	\$
H. Campaign Contributions	<i>LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.</i>						\$
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.

6. Lobbyist certification -- Please read and sign below.

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 § 5B-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 jail or both.

Lobbyist Signature:  Date: 9/17/18