West Virginia Ethics Commission

Lobbyist Activity Report Form

2018-03



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:

Rec'd_

Fine__

Postmark___

Days late

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

1. N	ame and co	ontact information	า							
Name Craig Gill							Phone (415) 903-2800			
Address C/o Politicom Law LLP						Email pfizer@politicomlaw.com				
71441		erty Ship Wa		15		Email	prizerwyon	licomiaw.c	UIII	
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City, St	ate Zip	ausalito, CA 94	965			53				
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		riod for which thi		rt is being filed						
Check	Report 2018-3	Period 9/1/18-12/31/18	Due Date			419 2	N944 Management (1987)			
	2010-5	3/1/10-12/31/1	8 1/15/2019							
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3. Lis	t all emplo	yers/organization	ic that was one		2-m			***************************************	Northern Control of the Control of t	
	Pfizer Inc		is that you rep	resent as a lobi	pyist	Us	e additional re	porting forms	if necessary.	
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4. Lo	hhvina acti	vity summary - If	*hava			44		**************************************		
NON		ercy sammary - m	there was no a	ictivity or expe	natures, indicat	e "none."				
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				-valid-	***************************************					
5. Ex	penditures	We can see that specified a second dispersion of the second secon		With the control of t		the desired of the second of t	TOWN AND A STATE OF THE STATE O		Ballyan,	
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If you s	pent mone	y on any public off	icial. emplove	or member of	his or her imme	diato familia lict	the amounts as	and he as als of	AL F ET	
categor	ies per eac	h employer you re	present. Com	plete and attach	Schedule A to t	his report.	the amounts sp	ent in each of	the following	
xpenditure Categories		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended		
Α,	Meals and	Beverages	\$0.00	\$	\$	\$	\$	\$	\$ 0.00	
В.	Lodging		\$0.00	\$	\$	\$	\$	\$	\$0.00	
C	Advertising		\$0.00	\$	\$	\$	\$	\$	\$0.00	
D,	Travel		\$0.00	\$	\$	\$	\$	\$	\$0.00	
E	Gifts		\$0.00	\$	\$	\$	\$	\$	\$0.00	
	Other Expenses		\$0.00	\$	\$	\$	\$	\$	\$0.00	
	Group Exp		\$ 0.00	\$	\$	\$	\$	\$	\$0.00	
		Contributions	LIST AMOUN	T IN "TOTAL EX	PENDED" COLU	MN.			\$0.00	
TOTAL of all expenditures		\$ 0.00	\$	\$	\$	\$	\$	\$0.00		
f you sp	onsored or	r contributed to a	ny group event	or shared expe	nses, list the tot	al expended in c	ategory 5G imm	nediately above	e. Complete and	
ittach a	Schedule E	3 for each event.								
5. Lol	shuict carti	fication – Please r	and and store to						-	
J. 101	oyist cei ti	ilcation - Flease I	eau and sign b	elow.						
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Aldiath	ou or MAC	ode 3 pp-3-3 to Mi	ilitully and know	wingly file a fals	e or incomplete	report. I furthe	r understand th	at if convicted	of such an act I	
nay be	fined, sente	enced to jail or bot	th.		`	Topolis () artite	onderstand (i)	at it convicted	or such an act, i	
	: Signature		1	Ull	1		Date:	1-9	19	
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