## **West Virginia Ethics Commission**

## **Lobbyist Activity Report Form**

2018-01

**Lobbyist Signature:** 

Received

MAY 0 4 2018

7111 0 7 2010

A / Eshina 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 \_\_\_\_

| Name  | MARC L.   | HARM   | AN   |  | Phone_  | 304-5  | 545-6  | 935<br>0@  |
|---|---|--|--|--|---|--|--|--|
| Addr  | ess   |  |  |  | Email 💋   | narcha   | man 5  | 00   |
|   | 837 100   | HER. (   | Thosto   | R Rd.  |   |  | HOTMA:   | 1.com  |
|   | State Zip Charles   |  |  | 302  |   |  |  |  |
| City,   | State Zip Charles   | op, w  | V 25   | Jud_   |   |  |  |  |
|   |   |  | to be a transfer of  |  |   |  |  |  |
|   | Reporting period for which this   | Due Date   | is being filed   |  |   |  |  |  |
| Chec<br>x   | k Report Period<br>2018-1 1/1/18-4/30/18  | 5/15/2018  |  |  |   |  |  |  |
| ^   | 2010 1 2/1/10 1/00/20   | 0,20,202   |  |  |   |  |  |  |
|   |   |  |  |  |   |  |  |  |
| 3.  | List all employers/organization   | s that you repr  | esent as a lobb  | vist   | Use   | e additional rep                                       | oorting forms i  | f necessary.   |
|   | 1. WVA Counties   |  |  |  | us Nordi  | s.V  | 13. PF   |  |
|   | 1. WVH COUNTES  | 3. WV  | U.IL.  |  |   |  |  | Acena For  |
|   | 2. Auto hotto   | 6 HON  | tier   | /B_W   | V HOUTTRY   | 0  | 7. WV  | Sal  |
|   | 3. Childrens Magic  | 7 Inc  | divior   | /d _Di   | SC. Ridge   | Kec. 1   | 5. CT  | X 19.  |
|   | 4 INTERLOCK   | 8 Ne   |  |  | VERY TOW  |  |  |  |
| 4.  | Lobbying activity summary - If  |  |  |  |   |  |  |  |
| 1   |   | UI   | -  |  |   |  |  |  |
|   | CHAIL:  | 1000   |  |  |   |  |  |  |
| CO  | 2.4   |  |  |  | MENT  |  |  |  |
| b   | 2.4   | 00015  | F  | BSter Co   | re_   |  |  |  |
| Ь<br>1-   | ottery 5  |  | F  |  | re_   |  |  |  |
| СВ<br>  | ottery 5<br>lealth care To  | 00015  | F  | BSter Co   | re_   |  |  |  |
|   | ottery 3<br>tealth care To<br>Expenditures  | eviors<br>Ele Com  | fs<br>f  | aricultu   | re_   |  |  |  |
| If no   | expenditures. including campa   | EL COM   | ns, mark here:   | gricultu   | re  |  |  |  |
| <i>If no</i><br>If vo   | Expenditures  expenditures, including campa  spent money on any public off  | ign contributio  | ns, mark here:   | ster Co  | diate family, list  |  | ent in each of t   | the following  |
| If no<br>If you<br>cates  | expenditures. including campa   | ign contributio  | ns, mark here:   | ster Co  | diate family, list  |  |  | the following  Total Expended  |
| If no<br>If you<br>cates  | Expenditures  expenditures, including campa u spent money on any public off gories per each employer you re   | ign contribution icial, employee present. Comp   | ns, mark here: or member of blete and attach   | his or her imments Schedule A to t  Employer 3   | diate family, list his report.  Employer 4  | the amounts sp   | ent in each of t   | the following  Total Expended  |
| If no<br>If you<br>cates<br>Expe                                  | Expenditures  expenditures, including campa  u spent money on any public off gories per each employer you re enditure Categories  | ign contribution icial, employee present. Comp Employer 1 \$   | ns, mark here: or member of blete and attach Employer 2 \$   | his or her imments Schedule A to t Employer 3 \$   | diate family, list his report.  Employer 4  \$  | the amounts sp  Employer 5  \$                         | ent in each of the Employer 6  | the following  Total Expended  \$  |
| If no<br>If you<br>cates<br>Expe<br>A.                            | Expenditures  expenditures, including campa u spent money on any public off gories per each employer you re enditure Categories  Meals and Beverages Lodging Advertising  | ign contribution icial, employee present. Complement of the comple | ns, mark here: or member of plete and attach Employer 2 \$ \$ \$   | his or her imments Schedule A to t Employer 3 \$ \$ \$   | diate family, list his report.  Employer 4  \$ \$ \$  | the amounts sp  Employer 5 \$                          | ent in each of the Employer 6 \$ \$ \$ \$ \$ \$ \$   | the following  Total Expended  \$ \$ \$  |
| If no<br>If you<br>cates<br>Expe<br>A.<br>B.<br>C.<br>D.          | Expenditures expenditures, including campa u spent money on any public off gories per each employer you re enditure Categories  Meals and Beverages Lodging Advertising Travel  | ign contribution icial, employee present. Complete 1 \$ \$ \$ \$ \$ \$   | ns, mark here: or member of olete and attach Employer 2 \$ \$ \$ \$  | his or her immed<br>Schedule A to t<br>Employer 3<br>\$<br>\$<br>\$                                    | diate family, list his report.  Employer 4  \$ \$ \$ \$   | the amounts sp  Employer 5  \$ \$ \$ \$                | ent in each of the second seco | the following  Total Expended  \$ \$ \$ \$ \$  |
| If you cates Expe A. B. C. D.                                     | Expenditures  expenditures, including campa u spent money on any public off gories per each employer you re enditure Categories  Meals and Beverages Lodging Advertising Travel Gifts   | ign contribution icial, employee present. Complete present is a complete present in the complete present is a complete present in the co | ns, mark here: or member of olete and attach Employer 2 \$ \$ \$ \$ \$   | his or her immen schedule A to t Employer 3 \$ \$ \$ \$ \$ \$ \$ \$ \$                                 | diate family, list his report.  Employer 4  \$ \$ \$ \$ \$  | the amounts sp  Employer 5 \$ \$ \$ \$ \$              | ent in each of the second seco | the following  Total Expended  \$ \$ \$ \$ \$ \$ \$                                  |
| If no If you categ Expe A. B. C. D. E.                            | Expenditures  expenditures, including campa  u spent money on any public off gories per each employer you re enditure Categories  Meals and Beverages  Lodging  Advertising  Travel  Gifts  Other Expenses  | ign contribution icial, employee present. Complemployer 1 \$ \$ \$ \$ \$ \$ \$ \$  | ns, mark here: or member of olete and attach Employer 2 \$ \$ \$ \$ \$ \$  | his or her immen schedule A to t Employer 3 \$ \$ \$ \$ \$ \$ \$ \$                                    | diate family, list his report.  Employer 4  \$ \$ \$ \$ \$ \$ \$                                  | the amounts sp  Employer 5  \$ \$ \$ \$ \$ \$ \$ \$    | ent in each of the second seco | the following  Total Expended  \$ \$ \$ \$ \$  |
| If no If you cates Expended A. B. C. D. E. F. G.                  | Expenditures  expenditures, including campa u spent money on any public off gories per each employer you re enditure Categories  Meals and Beverages Lodging Advertising Travel Gifts Other Expenses Group Expenditures   | ign contribution icial, employee present. Complete present is a contribution icial, employer 1  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  | ns, mark here: or member of olete and attach Employer 2 \$ \$ \$ \$ \$ \$ \$                                     | his or her immen schedule A to t Employer 3 \$ \$ \$ \$ \$ \$ \$ \$ \$                                 | diate family, list his report.  Employer 4  \$ \$ \$ \$ \$ \$ \$ \$                               | the amounts sp  Employer 5 \$ \$ \$ \$ \$              | ent in each of the second seco | the following  Total Expended  \$ \$ \$ \$ \$ \$ \$ \$                               |
| If no If you categ Expe A. B. C. D. E. F. G.                      | Expenditures  expenditures, including campa u spent money on any public off gories per each employer you re enditure Categories  Meals and Beverages Lodging Advertising Travel Gifts Other Expenses Group Expenditures Campaign Contributions  | ign contribution icial, employee present. Comp Employer 1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$   | ns, mark here: or member of olete and attach Employer 2 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | his or her imment Schedule A to t Employer 3 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  | diate family, list his report.  Employer 4  \$ \$ \$ \$ \$ \$ \$ \$                               | the amounts sp  Employer 5  \$ \$ \$ \$ \$ \$ \$ \$ \$ | ent in each of the second seco | the following  Total Expended  \$ \$ \$ \$ \$ \$ \$ \$                               |
| If no If you cates Expe A. B. C. D. E. F. G.                      | Expenditures  expenditures, including campa  u spent money on any public off gories per each employer you re enditure Categories  Meals and Beverages  Lodging  Advertising  Travel  Gifts  Other Expenses  Group Expenditures  Campaign Contributions  TOTAL of all expenditures   | ign contribution icial, employee present. Complete present is a contribution in the co | ns, mark here: or member of olete and attach Employer 2 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | his or her imment Schedule A to to Employer 3 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | diate family, list his report.  Employer 4  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | the amounts sp  Employer 5 \$ \$ \$ \$ \$ \$ \$ \$ \$  | ent in each of the second seco | the following  Total Expended  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| If no If you cates Expe A. B. C. D. E. F. G. H. If you            | Expenditures  expenditures, including campa  u spent money on any public off gories per each employer you re enditure Categories  Meals and Beverages  Lodging  Advertising  Travel  Gifts  Other Expenses  Group Expenditures  Campaign Contributions  TOTAL of all expenditures  u sponsored or contributed to a                                  | ign contribution icial, employee present. Complete present is a contribution in the co | ns, mark here: or member of olete and attach Employer 2 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | his or her imment Schedule A to to Employer 3 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | diate family, list his report.  Employer 4  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | the amounts sp  Employer 5 \$ \$ \$ \$ \$ \$ \$ \$ \$  | ent in each of the second seco | the following  Total Expended  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| If no If you cates Exper A. B. C. D. E. F. G. H. I. If you attack | Expenditures  expenditures, including campa  u spent money on any public off gories per each employer you re enditure Categories  Meals and Beverages  Lodging  Advertising  Travel  Gifts  Other Expenses  Group Expenditures  Campaign Contributions  TOTAL of all expenditures  u sponsored or contributed to a che a Schedule B for each event. | ign contribution icial, employee present. Comp Employer 1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$   | ns, mark here: or member of olete and attach Employer 2 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | his or her imment Schedule A to to Employer 3 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | diate family, list his report.  Employer 4  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | the amounts sp  Employer 5 \$ \$ \$ \$ \$ \$ \$ \$ \$  | ent in each of the second seco | the following  Total Expended  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| If no If you cates Exper A. B. C. D. E. F. G. H. I. If you attack | Expenditures  expenditures, including campa  u spent money on any public off gories per each employer you re enditure Categories  Meals and Beverages  Lodging  Advertising  Travel  Gifts  Other Expenses  Group Expenditures  Campaign Contributions  TOTAL of all expenditures  u sponsored or contributed to a                                  | ign contribution icial, employee present. Comp Employer 1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$   | ns, mark here: or member of olete and attach Employer 2 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | his or her imment Schedule A to to Employer 3 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | diate family, list his report.  Employer 4  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | the amounts sp  Employer 5 \$ \$ \$ \$ \$ \$ \$ \$ \$  | ent in each of the second seco | the following  Total Expended  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |