## Received

**West Virginia Ethics Commission** 

may be fined, sentenced to jail or both.

## Lobbyist Activity Report Form MAY 15 2018

2018-01

W Ethies Germission

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 \_\_\_\_

Days late

Late reporting fine - \$10 per business day past the due date (\$250 maximum)								
1. Name and contact information								
Name Gregary Hoyor  Address   Hillcast Dr Suite 201   Email ghoyer glegt, COUN								
City, State Zip Charleston WU25311								
2. Reporting period for which this activity report is being filed								
Check	·	Due Date						
х	2018-1 1/1/18-4/30/18	5/15/2018						
3. List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary.								
1. Eg+ 4								
2								
3 6								
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."								
C C C C C C C C C C C C C C C C C C C								
Energy								
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.								
Expen	diture Categories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended
A.	Meals and Beverages	\$ 🔿	\$	\$	\$	\$	\$	\$
В.	Lodging	\$ 0	\$	\$	\$	\$	\$	\$
C.	Advertising	\$ 0	\$	\$	\$	\$	\$	\$
D.	Travel	\$ 8	\$	\$	\$	\$	\$	\$
E.	Gifts	\$ 0	\$	\$	\$	\$	\$	\$
F.	Other Expenses	\$ 0	\$	\$	\$	\$	\$	\$
G.	Group Expenditures	\$ 0	\$	\$	\$	\$	\$	\$
Н.	Campaign Contributions	LIST AMOUN	IT IN "TOTAL EX	PENDED" COLU	MN.			\$131,72
1.	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. Lo	obbyist certification – Please i	ead and sign h	elow					
J. L.		add und sign b	J. J. W. I.					
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								