West Virginia Ethics Commission

may be fined, sentenced to joil or both.

Lobbyist Signature:

Lobbyist Activity Report Form

2018-01

Received

MAY 1.5 2018

VV Ethics Commission

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

304-558-0664
For office use only:
Postmark

Days late

No faxed copies

Rec'd_

Fine

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

1. Name and contact information																
Name Nelson B. Robinson Phone 304-342-3769 Address 18 California Avenue Email Nelson @ WVCS1. Con														69		
18 California Avenue										Email 12 Son @ WVC31. Com						
MAMI CAS																
City State Zin Clar Leston, WV 25311																
City, State Zip Charleston, WV 25311																
2. Reporting period for which this activity report is being filed																
Check	k Report Period			e Date												
ж	2018-1	1/1/18-4/30/18	5/	15/2018		76 - 9 660			leur.							
						Oli Mile										
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.																
100 (emetery & Luneral ASSOC 4 Consumer Attorneys of WV																
2. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary. 1. W Cemetery & Tuneral Assoc. 4 Consumer Attorneys of WV 2. WW Chinopractic Society 5. Mountaineer Racetrack & Gamines 3. W Assoc. 5t Optometric Physicians.																
and Annual Date des Plans																
3. OV HSSOC. ST Uptometric Thysicians																
4. Applying activity summary - If there was no activity or expenditures, indicate "none."																
Comercial à comptent iques healthouse local issues																
funeral à cemetery isues, healthcare, legal issues, gaming à horse racing related issues.																
gaming & horse racing related 12548.																
															~	
	penditure						_				-,					
If no expenditures, including campaign contributions, mark here:														Involue		
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.														lowing		
					1 .	-	-		Employer 4 Employer 5 Employer 6					Total Expended		
	Expenditure Categories			Employer 1		Employer 2		Employer 3		s O			\$	\$	CAPENAGA	
A.		d Beverages	\$	4	\$		\$	4	\$	Ť-	\$ (7	\$	\$	0	
В,	Lodging Advertising	No.	\$	+	\$		Ś		\$	1	Š	1	\$	\$	0	
Ç. D.	Travel	15	Š		\$		\$	1	\$	-	\$		Ś	\$	0	
	Gifts		\$		\$	+-	\$	+	\$	+	\$		\$	\$		
E, F.	Other Exp	ancas	\$	+	5		\$	-	\$	1-	\$		\$	\$		
G.		penditures	5	+	ŝ		\$	-	Š	-	S		\$	S	2	
Н.		Contributions LIST AMOUNT IN "TOTAL EXPENDED" CO				SD" COLL						\$	1000-			
l.		all expenditures	S		\$ 114	O	S	(7)	Ś.	0	5 6	7	S	5/	0000-	
		or contributed to a	1 "	un event	F		and the same of the same	ist the tot	and the same of	nded in c	A STATE OF THE PARTY OF THE PAR	5G imn			nplete and	
	•	B for each event.	rry Sil	AP CACIL	. S. 1 (5) (1)	area calle	ا روتهه،	ine cité cot	mi mphi	eriemente iss é		- 4 mm		_, _,	. in the second	
(AMERICA)	- concusto	- in the state of			-,,											
6. La	bbyist cer	tification – Please	read a	nd sign b	elow.							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 a violation of WV Code §68-3 to willfully and knowingly file of size of incomplete report. I further understand that if convicted of such an act, i