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West Virginia Ethics Commission W Sthigs Commission

Lobbyist Activity Report Form 2018-01

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:

| Late reporting fine \$10 per business day past the due date (\$250 maximum) Postmark Recd | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------|----------------|----------------|-------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|
| Name and contact information | | | | | | | | | |
| Name Lana Skelo | | | | | | Phone 202-463-5724 | | | |
| Address 1615 H Street, NW | | | | | Email | Email Iskelo@uschamber.com | | | |
| | | | | | | | | | |
| Clty, State Zlp Washington, DC 20062 | | | | | | | | | |
| 2. Reporting period for which this activity report is being filed | | | | | | | | | |
| Chec | | Due Date | | | | | | 1 | |
| Х | 2018-1 1/1/18-4/30/18 | 5/15/2018 | 3 | | | | | | |
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| | | | also | - | and the state of the state of | | | | |
| 3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary. | | | | | | | | | |
| 1. U.S. Chamber Institute for Legal Reform 4. | | | | | | | | | |
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| ä | | | | 6. | | | | | |
| 4. Lobbying activity summary - If there was no activity or expenditures, indicate "none." | | | | | | | | | |
| | | | | | | | | | |
| Legislative advocacy related to legal reform legislation | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 5. Expenditures | | | | | | | | | |
| If no expenditures, Including campaign contributions, mark here: X | | | | | | | | | |
| 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. | | | | | | | | | |
| | diture Categories | Employer 1 | Employer 2 | Employer 3 | Employer 4 | Employer 5 | Emplayer 6 | Total Expended | |
| A. | Meals and Beverages | \$ | \$ | \$ | \$ | \$ | s | \$ 0.00 | |
| В. | Lodging | \$ | \$ | \$ | \$ | \$ | \$ | \$ 0.00 | |
| C. | Advertising | \$ | \$ | \$ | \$ | \$ | \$ | \$ 0.00 | |
| D. | Travel | \$ | \$ | \$ | \$ | \$ | \$ | \$ 0.00 | |
| E. | Glfts | \$ | \$ | \$ | \$ | \$ | \$ | \$ 0.00 | |
| F. | Other Expenses | \$ | \$ | \$ | \$ | \$ | \$ | \$ 0.00 | |
| G. | Group Expenditures | \$ | \$ | \$ | S | \$ | \$ | \$ 0.00 | |
| H. | Campaign Contributions | LISTAMOUN | T IN "TOTAL EX | PENDED" COLUI | VIN. | VARIETY | - | \$ 0.00 | |
| 1. | TOTAL of all expenditures | \$ | \$ | \$ | \$ | \$ | \$ | \$ 0.00 | |
| If you sponsored or contributed to any group event or shared expenses, list the total expended in category SG Immediately above. Complete and attach a Schedule B for each event. | | | | | | | | | |
| מינפלנו פ פלוובסטוב ס וטו בפרנו באבונר | | | | | | | | | |
| 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 § 68-3-9 to willfully and knowingly file a false or incomplete report. I further understand that If convicted of such an act, I | | | | | | | | | |
| | fined, sentenced to Jall or bo | | | c or meomptate | report. Fluidies | onucratoriu tri | er ii convicted i | Discussion of the second | |
| | | | | | | | | | |
| Lobbyist Signature: Date: 511618 | | | | | | | | | |