## **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
For office use only:

Days late \_

No faxed copies

Fine\_

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

| 1. Name and contact information   |  |   |                |                  |                    |                  |                     |                  |                |  |  |  |  |
|---|--|---|----------------|------------------|--------------------|------------------|---------------------|------------------|----------------|--|--|--|--|
|   | Lisa Doc   | lev   |                | - :              | Phone 3043425564   |                  |                     |                  |                |  |  |  |  |
| Harric  |  |   |                |                  |                    | Phone _          | Phone 3043420304    |                  |                |  |  |  |  |
| Address 2020 Kanawha Blvd., E   |  |   |                |                  |                    |                  | Email wvml@wvml org |                  |                |  |  |  |  |
|   | S. W. W.   |   |                |                  |                    |                  |                     |                  |                |  |  |  |  |
|   |  | agricator MAV 2531                          | 11             |                  |                    |                  |                     | Nice .           | To Marie       |  |  |  |  |
| City, S   | ate Zip  | narleston, WV 2531                          |                |                  |                    |                  |                     | mon.             | AN CIVE        |  |  |  |  |
| Name Lisa Dooley  Address 2020 Kanawha Blvd., E  City, State Zip Charleston, WV 25311  Phone 3043425564  Email wvml@wvml.org  |  |   |                |                  |                    |                  |                     |                  |                |  |  |  |  |
| 2. R  | eporting pe  | riod for which this a                       | activity repor | t is being filed |                    |                  |                     | "Cs              | 2              |  |  |  |  |
| Check   | Report   | Period                                      | Due Date       |                  |                    |                  |                     |                  | 00 10          |  |  |  |  |
| ×   | 2018-3   | 9/1/18-12/31/18                             | 1/15/2019      |                  |                    |                  |                     |                  | 173/2          |  |  |  |  |
|   |  |   |                |                  |                    |                  |                     |                  | 300            |  |  |  |  |
|   |  |   |                |                  |                    |                  |                     |                  |                |  |  |  |  |
| 3. Li   | 3. List all employers/organizations that you represent as a lobbyist |   |                |                  |                    |                  |                     |                  |                |  |  |  |  |
|   | WV Munici  |   |                |                  | _                  |                  |                     |                  |                |  |  |  |  |
| 1.  |  | [ai zoagao                                  |                |                  | <sup>4.</sup>      |                  |                     |                  |                |  |  |  |  |
| 2.  |  |   |                |                  | 5                  |                  |                     |                  |                |  |  |  |  |
| 3   |  |   |                |                  | 6.                 |                  |                     |                  |                |  |  |  |  |
| J.  |  |   |                |                  |                    |                  |                     |                  |                |  |  |  |  |
|   |  | 10 10 10 11                                 |                | ** **            |                    | - u v            |                     |                  |                |  |  |  |  |
|   |  | vity summary - If th                        |                | ctivity or exper | nditures, indicat  | e "none."        |                     |                  |                |  |  |  |  |
| local   | governme   | ent and all that er                         | ntails         |                  |                    |                  |                     |                  |                |  |  |  |  |
|   |  |   |                |                  |                    |                  |                     |                  |                |  |  |  |  |
| ) <del>:</del>  |  |   |                |                  |                    |                  |                     |                  |                |  |  |  |  |
|   |  |   |                |                  |                    |                  |                     |                  |                |  |  |  |  |
|   |  |   |                |                  |                    |                  |                     |                  |                |  |  |  |  |
|   | penditures<br>   |   |                |                  |                    |                  |                     |                  |                |  |  |  |  |
|   | <u> </u>   | , including campaig                         |                |                  |                    |                  |                     |                  |                |  |  |  |  |
|   |  | y on any public offic<br>h employer you rep |                |                  |                    |                  | tne amounts sp      | ent in each of t | ne following   |  |  |  |  |
| -   |  |   |                | Employer 2       | Employer 3         | Employer 4       | Employer 5          | Employer 6       | Total Expended |  |  |  |  |
|   | Expenditure Categories  A. Meals and Beverages                       |   | Employer 1     |                  |                    |                  |                     |                  | <u> </u>       |  |  |  |  |
| A.  |  | Beverages                                   | \$65.00        | \$               | \$                 | \$               | \$                  | \$               | \$ 65.00       |  |  |  |  |
| B.  | Lodging  |   | \$             | \$               | \$                 |                  |                     | \$               | \$             |  |  |  |  |
| C.  | Advertisin   | g   | \$             | \$               | \$                 | \$               | \$                  | \$               | \$             |  |  |  |  |
| D.  | Travel   |   | \$             | \$               | \$                 | \$               | \$                  | \$               | \$             |  |  |  |  |
| E.  | Gifts<br>Other Eve   | onsos                                       | \$             | \$               | \$                 | \$               | \$                  | \$               | \$             |  |  |  |  |
| F.  | Other Exp  |   | \$             | \$               | \$                 | \$               | \$                  | \$               | \$             |  |  |  |  |
| G.  | Group Exp  |   | T              |                  | ><br>(PENDED" COLU | T                | 3                   | ٠                | \$             |  |  |  |  |
| H.  |  |   | \$ 65.00       | \$               | S COLU             | ¢ .              | Ś                   | Ś                | \$ 65.00       |  |  |  |  |
| l.  |  | all expenditures                            |                | <u> </u>         | <u> </u>           | al evnended in a | 1                   | · -              |                |  |  |  |  |
| 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.               |  |   |                |                  |                    |                  |                     |                  |                |  |  |  |  |
| attach a Juneutie D 101 Edul Event.   |  |   |                |                  |                    |                  |                     |                  |                |  |  |  |  |
| 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 § 6B-3-9 to willfully and knowingly file a false or incomplete report. I further understand that if convicted of such an act, I may be fined, sentenced to fail or both. |  |   |                |                  |                    |                  |                     |                  |                |  |  |  |  |
| may be  |  |   |                |                  |                    |                  |                     |                  |                |  |  |  |  |
| Lobbyi  | st Signature   | you?  | 1. to          | and              |                    |                  | Date:               | 1-9-19           |                |  |  |  |  |
| U   |  |   |                |                  |                    |                  |                     |                  |                |  |  |  |  |

| · ·   | Name:                                | Name: LKg K Donley                   |                                   |                                |                              |                               | 10/30/18       |                                    |  |  |  |
|---|--------------------------------------|--------------------------------------|-----------------------------------|--------------------------------|------------------------------|-------------------------------|----------------|------------------------------------|--|--|--|
| Schedule A: WV Lobb<br>(Attach this completed sheet to  |                                      |                                      | ails                              |                                |                              |                               |                |                                    |  |  |  |
| Complete this form if you have during this reporting period. If Gifts, (5) Other Expenditures - I   | you have mad                         | e expenditures                       | in these catego                   | ories - (1) <i>Me</i>          | als & Bever                  | n a public o<br>rages, (2) Lo | fficial o      | emploγee<br>(3) <i>Travel,</i> (4) |  |  |  |
| If you shared any of these expenditures with another lobbyist, note who shared the expenditures in the area below the recipient's name. You are not required to report on Schedule A detailed expenditures on Advertising, Contributions [including political contributions] and Group Entertainment. Expenditures in those categories must be reported on the Lobbyist Astivity Report and/or Schedule B.  1. Expenditure Details - (include shared expenditures not reported on Schedule B) |                                      |                                      |                                   |                                |                              |                               |                |                                    |  |  |  |
| 1. Expenditure Details - (  | include shared                       | expenditures r                       | not reported o                    | n Schedule E                   | 5)<br>                       |                               |                | IL PACE DE                         |  |  |  |
| Report all expenditures in any<br>those reported in Section 1a or<br>reported on Schedule B. Trans<br>lobbyist, identify who shared t   | r 2 (below) or a<br>fer the totals t | any portion of a<br>o section 5 on t | r "Group Entert<br>he Lobbyist Ac | ainment" Ol<br>tivity Report   | R "Shared E                  | xpense" evi                   | ent whic       | ch are to be                       |  |  |  |
| Recipient name(s) and date of   | Meals &                              | Lodging                              | Travel                            | Gifts                          | Other                        | Tota                          |                |                                    |  |  |  |
|   |                                      | beverages                            |                                   |                                |                              |                               |                | nded                               |  |  |  |
| 16 36 W Mr. and Mrs. Charles Trui   | mp 2@                                | 32.50                                |                                   |                                |                              |                               | 6              | 5.80                               |  |  |  |
| 6:  |                                      |                                      |                                   |                                |                              | -                             |                | -                                  |  |  |  |
|   |                                      |                                      |                                   |                                |                              |                               | -              |                                    |  |  |  |
|   |                                      |                                      |                                   |                                |                              |                               |                |                                    |  |  |  |
|   |                                      |                                      |                                   |                                |                              |                               | -              |                                    |  |  |  |
| TOTAL Expenditur  | 65.00                                |                                      |                                   |                                |                              |                               | 05.00          |                                    |  |  |  |
| TO THE Expenditure  | es                                   | 65.00                                |                                   |                                |                              |                               |                | E 3 (W)                            |  |  |  |
| 1a Gifts (Group)  |                                      |                                      |                                   |                                |                              |                               |                |                                    |  |  |  |
| Ordinarily gifts to individual lea  | rislators must i                     | ant exceed \$25                      | Gifts such as                     | key chains in                  | nugs, and ca                 | alendars giv                  | en to A        | II members                         |  |  |  |
| of the House or Senate, the en  | tire Legislature                     | or to standing                       | or joint comm                     | ittees must l                  | e listed her                 | e. Describe                   | e the ite      | m, to which                        |  |  |  |
| group it was given and the total  | al cost. You ne                      | ed not list each                     | legislator who                    | received th                    | e gift, only t               | he name of                    | the gro        | up.                                |  |  |  |
| Transfer the total cost to the L  |                                      |                                      |                                   |                                |                              |                               | _              |                                    |  |  |  |
| Describe the gift(s)  |                                      | employer provided the gift?          |                                   | Which group received the gift? |                              |                               | ost of gift(s) |                                    |  |  |  |
|   |                                      |                                      |                                   |                                |                              |                               |                |                                    |  |  |  |
|   |                                      |                                      |                                   |                                |                              |                               |                |                                    |  |  |  |
|   |                                      |                                      |                                   |                                |                              |                               |                |                                    |  |  |  |
| 2. Participation in a Pand  | el or Speakir                        | ng Engageme                          | nt                                |                                |                              |                               |                |                                    |  |  |  |
| Report expenditures on a part   | icular person ir                     | n the categories                     | listed below w                    | hen such ex                    | penditure v                  | vas for the                   | individu       | al's                               |  |  |  |
| participation in a panel or spea  | aking engagem                        | ent. Transfer tl                     | he totals to sec                  | tion 5 on the                  | e Lobbyist A                 | ctivity Repo                  | ort.           |                                    |  |  |  |
| Recipient name and event  | pient name and event Meals &         |                                      | Travel                            | Gifts                          | Scheduled enterta<br>& other |                               | nment          | Total \$<br>expended               |  |  |  |
|   | beverages                            |                                      |                                   |                                | S. Othe                      |                               |                |                                    |  |  |  |
|   |                                      |                                      |                                   |                                |                              |                               |                |                                    |  |  |  |
|   |                                      |                                      |                                   |                                |                              |                               |                |                                    |  |  |  |
| 3. Subjects of Lobbying   |                                      |                                      |                                   |                                |                              |                               |                |                                    |  |  |  |
| For each recipient identified in  | 1, 1a & 2 abo                        | ve, explain brie                     | fly the subjects                  | of lobbying                    | List the inc                 | dividual or g                 | group re       | cipient and                        |  |  |  |
| then the subject matter of the  | lobbying. Exa                        | mple: "Del. Joe                      | Jones – Health                    | Care" or "H                    | ouse Financ                  | e Committe                    | ee - Env       | ironment."                         |  |  |  |
|   |                                      |                                      |                                   |                                |                              |                               |                |                                    |  |  |  |

W Ethics Commission

HID Son Kuns

Country Inn Restaurant 110 South Washington St Berkeley Springs, WV 304-258-1200

M. Salerte

Server #: 000040

TIE '#/00FFQX REF#: 90012643 6arch #: 900322 RRN: 303093272796 10/30/18 20:13:16

APPR CODE. 09498G VISA

VISA 3102

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**AMOUNT** 

\$323.64

TIP

6636

TOTAL.

\$ 390.00

**APPROVED** 

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> Thank You Please Come Again

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