West Virginia Ethics Commission

Lobbyist Activity Report Form

2018-03

Lobbyist Signature: 2

Received

JAN 09 2019

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

West Virginia Ethics Commission Attn: Lobbyist Registrar

210 Brooks St., Ste. 300 Charleston, WV 25301

304-558-0664 For office use only: No faxed copies

Postmark _____ Rec'd _____ Days late _____ Fine ____

1. Name and contact information										
Name Sam Hanna						Phone _	Phone (304) 342-2137			
Address P. O. Box 2311 Email Shanna Channalawu										
COM										
City, State Zip Chas, WV 25328										
2. Reporting period for which this activity report is being filed										
Check		eriod	Due Date							
X		/1/18-12/31/18	1/15/2019							
-		, _, _, _, _, _,		THE REAL PROPERTY.						
				A A	SIN ELT					
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.										
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1. Allied Waste Services of North America, UC. 2 American Disposal Svas of WV, Inc. 5.										
2 American Disposal Sves of WV. Inc. 5.										
36										
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
none.										
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.										
Expenditure Categories			Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
			\$	\$	\$	\$	\$	\$	\$	
A.	Lodging	everages	\$	\$	\$	\$	\$	\$	\$	
B. C.	Advertising		\$	\$	\$	\$	\$	\$	\$	
D.	Travel		\$	\$	\$	\$	\$	\$	\$	
	Gifts		\$	\$	\$	\$	\$	\$	\$	
E. F.	Other Expenses		\$	\$	\$	\$	\$	\$	\$	
	Group Expenditures		\$	Ś	\$	\$	\$	\$	\$	
G.	Campaign Co				(PENDED" COLU	1	7	7	\$	
H.			\$	\$	\$	Ġ	¢	\$	Ś	
I. TOTAL of all expenditures \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$										
attach a Schedule B for each event.										
6. L	obbyist certific	ation – Please re	ad and sign b	elow.						
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		owledge, the info de §6B-3-9 to wil							nderstand that it is	
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may be fined, sentenced to jail or both.										