

West Virginia Ethics Commission

Lobbyist Activity Report Form

2019-03

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

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 ______ Rec'd____
Days late ____ Fine _____

1.								
	Name and contact information					201 11		
Name Lary Code Tr.				Phone 324-421-0373 Email 1pack 0373@gmail.com				
Address P.O. Box 41					Email / Pack 0373@ 9 mail-con			il.com
((0,000)					-	7		
City	State Zip Powellh, HV	25161						
City,	State Zip 1919 1919							
2.	Reporting period for which this	s activity renor	t is being filed	7				
Chec		Due Date	Name and Address of the Owner, when the Owner, which the O	MEN COLL SA	N. STATE	T		
X	2019-39/1/19-12/31/1		THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO	The same of				
	2018-3 9118-12/3		uses					
	11116	17		1000				
3.	List all employers/organization	s that you rep	resent as a lobb	yist	Us	e additional rep	orting forms i	f necessary.
	1. Carhanot Plugts				N Deceme	^		
	2. Calell Hubryton /				2T			
	3. Hospy Cancil of	the		6				
		there was no a	ctivity or exper	ditures indicat	e "none "			
	Lobbying activity summary - If	there was no a	ctivity or exper	nditures, indicat	e "none."			
		there was no a	ctivity or exper	nditures, indicat	e "none."			
	Lobbying activity summary - If	there was no a	ctivity or exper	nditures, indicat	e "none."			
	Lobbying activity summary - If	there was no a	ctivity or exper	nditures, indicat	e "none."			
	Lobbying activity summary - If	there was no a	ectivity or exper	nditures, indicat	e "none."			
4.	Lobbying activity summary - If	there was no a	ectivity or exper	nditures, indicat	e "none."			
4. 5.	Lobbying activity summary - If Noce Expenditures			nditures, indicat	e "none."			
1. 5. f no	Lobbying activity summary - If Noce Expenditures expenditures, including campa	iign contributio	ons, mark here:			the amounts sp	ent in each of	the following
i. f no	Lobbying activity summary - If Noce Expenditures expenditures, including campa	<i>iign contributio</i> ficial, employee	ons, mark here:	his or her immed	diate family, list	the amounts sp	ent in each of t	the following
f no	Lobbying activity summary - If Noce Expenditures expenditures, including campa	<i>iign contributio</i> ficial, employee	ons, mark here:	his or her immed	diate family, list	the amounts sp	ent in each of t	
f no	Expenditures expenditures, including campa a spent money on any public of gories per each employer you re	<i>iign contributio</i> ficial, employee epresent. Comp	ons, mark here: e or member of plete and attach	his or her immed Schedule A to t	diate family, list his report.	,		
1. If no f you categ Expe	Expenditures expenditures, including campa a spent money on any public of gories per each employer you renditure Categories	iign contributio ficial, employee epresent. Comp Employer 1	ons, mark here: e or member of plete and attach Employer 2	his or her immed Schedule A to t Employer 3	diate family, list his report. Employer 4	Employer 5	Employer 6	Total Expended
55. If no categorial Expenses A. B.	Expenditures expenditures, including campa a spent money on any public of gories per each employer you re inditure Categories Meals and Beverages	iign contributio ficial, employee epresent. Comp Employer 1	ons, mark here: e or member of plete and attach Employer 2	his or her immed Schedule A to t Employer 3	diate family, list his report. Employer 4	Employer 5	Employer 6	Total Expended
f no f you categ A. B.	Expenditures expenditures, including campa a spent money on any public of gories per each employer you re inditure Categories Meals and Beverages Lodging	nign contribution ficial, employee epresent. Complement Employer 1	ens, mark here: e or member of plete and attach Employer 2 \$	his or her immed Schedule A to t Employer 3 \$	diate family, list his report. Employer 4 \$	Employer 5 \$ \$	Employer 6 \$ \$	Total Expended
5. If no if you categ Expe A. B. C.	Expenditures expenditures, including campa spent money on any public of gories per each employer you re inditure Categories Meals and Beverages Lodging Advertising	rign contribution ficial, employee expresent. Complement 1	ens, mark here: e or member of plete and attach Employer 2 \$ \$ \$	his or her immed Schedule A to t Employer 3 \$ \$	diate family, list his report. Employer 4 \$ \$ \$	Employer 5 \$ \$ \$	Employer 6 \$ \$ \$	Total Expended \$ \$ \$
f no f you categorial Expense.	Expenditures expenditures, including campa a spent money on any public of gories per each employer you re inditure Categories Meals and Beverages Lodging Advertising Travel	rign contribution ficial, employee epresent. Comp Employer 1 \$ \$ \$ \$	ens, mark here: e or member of plete and attach Employer 2 \$ \$ \$ \$	his or her immed Schedule A to t Employer 3 \$ \$ \$	diate family, list his report. Employer 4 \$ \$ \$ \$	Employer 5 \$ \$ \$	Employer 6 \$ \$ \$ \$	Total Expended \$ \$ \$ \$ \$
f no f you categ Expe A. B. C. D.	Expenditures expenditures, including campa a spent money on any public off gories per each employer you re inditure Categories Meals and Beverages Lodging Advertising Travel Gifts	ign contribution ficial, employee epresent. Comp Employer 1 \$ \$ \$ \$ \$	ons, mark here: e or member of plete and attach Employer 2 \$ \$ \$ \$	his or her immed Schedule A to t Employer 3 \$ \$ \$ \$	diate family, list his report. Employer 4 \$ \$ \$ \$ \$	Employer 5 \$ \$ \$ \$	Employer 6 \$ \$ \$ \$ \$ \$ \$	Total Expended \$ \$ \$ \$ \$ \$ \$
4. 5. If no	Expenditures expenditures, including campa a spent money on any public off gories per each employer you re inditure Categories Meals and Beverages Lodging Advertising Travel Gifts Other Expenses	ign contribution ficial, employee epresent. Comp Employer 1 \$ \$ \$ \$ \$ \$ \$ \$ \$	ens, mark here: e or member of plete and attach Employer 2 \$ \$ \$ \$ \$ \$	his or her immed Schedule A to t Employer 3 \$ \$ \$ \$	diate family, list his report. Employer 4 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Employer 5 \$ \$ \$ \$ \$ \$ \$ \$ \$	Employer 6 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Total Expended \$ \$ \$ \$ \$ \$ \$

Total of all expenditures from I	ine 5-1. (on page 1)								
Lobbyist certification – Please r	ead 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 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 jail or both. Obbyist Signature: Date:									
/									