West Virginia Ethics Commission

Received

Lobbyist Activity Report Form

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

JAN 14 2019

2018-03

Lobbyist Signature:

WV Ethics Commission

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 ____

Date: 01/10/2019

1. Name and contact information										
Name Larry Allen Whitt						Phone 304-756-8567				
Address PO Box 566							Email AWhitt@FamilyPolicyWV.com			
Audi 633										
City, State Zip Charleston, WV 25322										
2. Reporting period for which this activity report is being filed										
Check		eriod	Due Date	E La Cara		THE PARTY OF THE P				
X	2018-3 9,	/1/18-12/31/18	1/15/2019							
						9 434				
				THE TAX TO SERVE	Mark Congress	CHECKE .				
3. List all employers/organizations that you represent as a lobbyist										
1. The Family Policy Council of West Virginia, Inc.										
2 5										
36										
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
Advocate for WV families the values of marriage, the sanctity of human life, and the preservation of religious freedom.										
Total and the second of the se										
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.			\$	\$	\$	\$	\$	\$	\$	
В.	Lodging		\$	\$	\$	\$	\$	\$	\$	
C.	Advertising		\$	\$	\$	\$	\$	\$	\$	
D.	Travel		\$	\$	\$	\$	\$	\$	\$	
E.	Gifts		\$	\$	\$	\$	\$	\$	\$	
F.	Other Expenses		\$	\$	\$	\$	\$	\$	\$	
G.	Group Expenditures		\$	\$	\$	\$	\$	\$	\$	
H.			LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.					77	\$	
1.	TOTAL of all		\$	\$	\$	\$	\$	\$	\$	
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.										
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6. Lo	popyist certifica	ation – Please re	ad and sign b	eiow.						
									nderstand that it is	
		le §6B-3-9 to wil								
may be fined, sentenced to jail or both.										