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									
Name enter wood Phone 314-2679									
120/10/20/10/20/10/20/10/20/10/20/10/20/10/20/10/20/10/20/10/20/10/20/10/20/10/20/10/20/10/20/10/20/10/20/10/20/10/20/20/10/20/10/20/20/20/20/20/20/20/20/20/20/20/20/20									
Address 1615 WW 11 H. twit Email WW of CHAWN. OF									
JH. 300)									
City, State Zip Charleston W 25311									
1									
2. Reporting period for which this activity report is being filed									
Check	The state of the s								
ж	2018-3	9/1/18-12/31/18	1/15/2019					7/90	
								Con	0/0
								nnie n	•
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.									
DET I DEL VICTORIO									
2 5									
3 6									
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."									
Class									
_110NE									
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.	Meals and Beverages		\$	\$	\$	\$	\$	\$	\$
B.	Lodging		\$	\$	\$	\$	\$	\$	\$
C.	Advertising		\$	\$	\$	\$	\$	\$	\$
D.	Travel		\$	\$	\$	\$	\$	\$	\$
E.	Gifts		\$	\$	\$	\$	\$	\$	\$
F.	Other Expenses		\$	\$	\$	\$	\$	\$	\$
G.	Group Expenditures		\$	\$	\$ (PENDED" COLU	т	\$	\$	\$
Н.	Campaign Contributions TOTAL of all expenditures		\$	Ś	e coro	ć	Ċ	Ġ.	\$
I. TOTAL of all expenditures \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$									
attach a Schedule B for each event.									
START IN SUITE STATE OF STATE									
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									
		knowledge, the into Code §6B-3-9 to will							
		code 968-3-9 to will tenced to jail or both		wingly tile a lals	T incomplete	report. Hurtilei	anucisidilu li	I I I I	or such all act, I
			1.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		7			1/1///	9
Lobbyist Signature: Date:									