

West Virginia Ethics Commission

Lobbyist Activity Report Form

2019-03

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:

Ame Nai Heard Phone 304-268-5535 Ity, State Zip Charleshop, WV 253 Reporting period for which this activity report is being filed heck Report Period Due Date X 2019-3 9/1/19-12/31/19 1/15/2020 List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary. 1. AFT-Wast Virginia. 4. 2. 5. 3. 6. Lobbying activity summary - If there was no activity or expenditures, indicate "none." DOA & Expenditures no expenditures, including campaign contributions, mark here: \[\subset \] Use additional reporting forms if necessary. Expenditures no expenditures, including campaign contributions, mark here: \[\subset \] Use additional reporting forms if necessary. Expenditures None & Expenditure & Expenditu	Late i	reporting fine - \$10 per bu	siness day pas	it the due date	e (\$250 maxim	um)			tec'd	
Ame Nai Heard Phone 304-268-5535 Ity, State Zip Charleshop, WV 253 Reporting period for which this activity report is being filed heck Report Period Due Date X 2019-3 9/1/19-12/31/19 1/15/2020 List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary. 1. AFT-Wast Virginia. 4. 2. 5. 3. 6. Lobbying activity summary - If there was no activity or expenditures, indicate "none." DOA & Expenditures no expenditures, including campaign contributions, mark here: \[\subset \] Use additional reporting forms if necessary. Expenditures no expenditures, including campaign contributions, mark here: \[\subset \] Use additional reporting forms if necessary. Expenditures None See note of the following tegories per each employer you represent. Complete and attach Schedule A to this report. Use additional reporting forms if necessary. Expenditure Categories Employer 1 Employer 2 Employer 3 Employer 5 Employer 6 Total Expended Meals and Beverages S S S S S S S S S S S S S S S S S S S										
ty, State ZIp Chackshop	All I II									
Reporting period for which this activity report is being filed heck Report Period Due Date X 2019-3 9/1/19 - 12/31/19 1/15/2020 List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary. 1. AFT- W-St VIEGLAL 4. 2. 5. 3. 6. Lobbying activity summary - If there was no activity or expenditures, indicate "none." Lobbying activity summary - If there was no activity or expenditures, indicate "none." Lobbying activity summary - If there was no activity or expenditures, indicate "none." Lobbying activity summary - If there was no activity or expenditures, indicate "none." Lobbying activity summary - If there was no activity or expenditures, indicate "none." Lobbying activity summary - If there was no activity or expenditures, indicate "none." Lobbying activity summary - If there was no activity or expenditures, indicate "none." Lobbying activity summary - If there was no activity or expenditures, indicate "none." Lobbying activity summary - If there was no activity or expenditures, indicate "none." Lobbying activity summary - If there was no activity or expenditures, indicate "none." Lobbying activity summary - If there was no activity or expenditures, indicate "none." Lobbying activity summary - If there was no activity or expenditures, indicate "none." Lobbying activity summary - If there was no activity or expenditures a lobbyist official, employee or member of his or her immediate family, list the amounts spent in each of the following tegories per each employer or perpersent. Complete and attack Schedule A to this report. Lobbying activity summary - If there was no activity or expenditures a lobbyist official employer or member of his or her immediate family, list the amounts spent in each of the following tegories per ach employer or member of his or her immediate family, list the amounts spent in each of the following tegories per ach employer or member of his or her immediate family, list the amounts spent in each of	Name New Heard Phone 304-268-5533									
Reporting period for which this activity report is being filed Report Period Due Date 1/15/2020										
List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations fill expenditures as a lobbyist List all employers/organizations fill expenditures as a lobbyist List all employers/organizations fill expenditures as a lobbyist List all employers/organizations fill employers fill expenditures as a lobbyist decided and the portions of the following transport fill employers fill emp	City, State Zip (ho(lestin, WV 153))									
List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations that you represent as a lobbyist List all employers/organizations fill expenditures as a lobbyist List all employers/organizations fill expenditures as a lobbyist List all employers/organizations fill expenditures as a lobbyist List all employers/organizations fill employers fill expenditures as a lobbyist decided and the portions of the following transport fill employers fill emp	2. Reporting period for which this activity report is being filed									
List all employers/organizations that you represent as a lobbyist **List all employers/organizations that you represent as a lobbyist **List all employers/organizations that you represent as a lobbyist **List all employers/organizations that you represent as a lobbyist **List all employers/organizations that you represent as a lobbyist **List all employers/organizations that you represent as a lobbyist **List all employers/organizations that you represent as a lobbyist **List all employers/organizations that you represent as a lobbyist **List all employers/organizations that you represent as a lobbyist **List all employers/organizations that you represent as a lobbyist **List all employers/organizations that you represent as a lobbyist **List all employers/organizations that you represent as a lobbyist **List all employers/organizations that you represent as a lobbyist **List all employers/organizations that you represent as a lobbyist **List all employers/organizations that you represent as a lobbyist **List all employers/organizations that you represent as a lobbyist **List all employers/organizations that you represent as a lobbyist **List all employers/organizations that you represent as a lobbyist **List all employers/organizations that you represent as a lobbyist **List all employers/organizations that you represent as a lobbyist transferrance.** **List all employers/organizations if necessary.** **List all employers/organizations.** **List all employers/organizations.** **List all employers/organizations.** **List all emp	Check									
List all employers/organizations that you represent as a lobbyist 1. AFT- West Virginia 2. 5. 5. 3. 6. Lobbying activity summary - If there was no activity or expenditures, indicate "none." Expenditures no expenditures, including campaign contributions, mark here: 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 tegories per each employer you represent. Complete and attach Schedule A to this report. Spenditure Categories Employer 1 Employer 2 Employer 3 Employer 4 Employer 5 Employer 6 Total Expended Meals and Beverages \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	X									
2		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
2										
2	3. List all employers/organizations that you represent as a lobbyist									
2	1. AFT- West Virginia 4.									
Expenditures mo expenditures, including campaign contributions, mark here: 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 tegories 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 Meals and Beverages \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$										
Expenditures mo expenditures, including campaign contributions, mark here: 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 tegories 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 Meals and Beverages \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$										
Expenditures no expenditures, including campaign contributions, mark here: 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 tegories per each employer you represent. Complete and attach Schedule A to this report. Appenditure Categories Employer 1 Employer 2 Employer 3 Employer 5 Employer 6 Total Expended Meals and Beverages \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	J									
Expenditures no expenditures, including campaign contributions, mark here: 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 tegories per each employer you represent. Complete and attach Schedule A to this report. Appenditure Categories Employer 1 Employer 2 Employer 3 Employer 5 Employer 6 Total Expended Meals and Beverages \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."									
Expenditures no expenditures, including campaign contributions, mark here: 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 tegories per each employer you represent. Complete and attach Schedule A to this report. Kependiture Categories Employer 1 Employer 2 Employer 3 Employer 4 Employer 5 Employer 6 Total Expended Meals and Beverages \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\									
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 tegories per each employer you represent. Complete and attach Schedule A to this report. Complete and attach Schedule A to this report.	None									
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 tegories per each employer you represent. Complete and attach Schedule A to this report. Complete and attach Schedule A to this report.										
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 tegories per each employer you represent. Complete and attach Schedule A to this report. Complete and attach Schedule A to this report.										
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 tegories per each employer you represent. Complete and attach Schedule A to this report. Complete and attach Schedule A to this report.										
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 tegories per each employer you represent. Complete and attach Schedule A to this report. Complete and attach Schedule A to this report.										
tegories per each employer you represent. Complete and attach Schedule A to this report. Kependiture Categories										
Expenditure Categories Employer 1 Employer 2 Employer 3 Employer 4 Employer 5 Employer 6 Total Expended Meals and Beverages \$ <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>ne amounts sp</td><td>ent in each of</td><td>the following</td></t<>							ne amounts sp	ent in each of	the following	
Meals and Beverages \$			1	+	7	-	Employer 5	Employer 6	Total Evnended	
Lodging \$ </td <td>A.</td> <td></td> <td></td> <td>-</td> <td>1</td> <td></td> <td></td> <td></td> <td></td>	A.			-	1					
Advertising \$ <td< td=""><td>В.</td><td></td><td>-</td><td>-</td><td>and the same of th</td><td></td><td></td><td></td><td></td></td<>	В.		-	-	and the same of th					
Travel	C.				+ -	-		-		
Gifts	D.			-						
Other Expenses \$	E.				_			-		
Group Expenditures	F		-	,	1		-	-		
Campaign Contributions LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. \$ TOTAL of all expenditures \$ \$ \$ \$ \$ \$ \$	G.			-		\$				
TOTAL of all expenditures \$ \$ \$ \$ \$ \$	Н.			1 7	1	MN.	NIA CONTRACTOR			
	l.			,			\$	\$		
you sponsored or contributed to any group event or shared expenses, list the total expended in category 5G immediately above. Complete and	If you s	sponsored or contributed to a	ny group event	or shared expe	nses, list the tot	al expended in ca	ategory 5G imn	nediately abov	e. Complete and	