**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: Postmark \_\_\_\_\_

Days late\_

Rec'd\_

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

1 Name and contact information									
1. Name and contact information									
Name Dale W. Hill Phone 304-342-2450									
Busine	ess Address 400 Allen Driv		E	Business Email dale@bsa-wv.com					
Suite 50									
City, State Zip Charleston, WV 25302									
2. Reporting period for which this activity report is being filed									
Check	Report Period	Due Date							
x	2019-3 9/1/19 – 12/31/1	9 1/15/202	0						
			N. Carlot		<b>第二十四</b>				
			S. J. Street, S.		19 (2-1) To				
3. List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary.									
Builders Supply Association of WV									
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2 5									
36									
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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.									
	diture Categories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
Α.	Meals and Beverages	\$	\$	\$	\$	\$	\$	\$	
B.	Lodging	\$	\$	\$	\$	\$	\$	\$	
C.	Advertising	\$	\$	\$	\$	\$	\$	\$	
D.	Travel	\$	\$	\$	\$	\$	\$	\$	
E.	Gifts	\$	\$	\$	\$	\$	\$	\$	
F.	Other Expenses	\$	\$	\$	\$	\$	\$	\$	
G.	Group Expenditures	\$	\$	\$	\$	\$	\$	\$	
Н.	Campaign Contributions	LIST AMOUN	IT IN "TOTAL EX	KPENDED" COL	UMN.		<b>→</b>	\$	
l.	TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$	
	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.									