

**West Virginia Ethics Commission** 

## **Lobbyist Activity Report Form**

2019-03

omall

West Virginia Ethics Commission Attn: Lobbylst Registrar 210 Brooks St., Ste. 300

Charleston, WV 25301 304-558-0664 No faxed copies

For office use only:

Days late \_

,....

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

	, , , , , , , , , , , , , , , , , , ,	au, pu		- IV III AMI	,		0		
1. Name and contact information									
Name Karan Ireland Phone 304-356-8774									
		Street #802			Business Email Karan.ireland@gmail.com				
Business Address 1 Morris Street #802 Business Email Karan.ireland@gmail.com									
Charlester MIV 05000									
City, State Zip Charleston WV 25302									
2. Reporting period for which this activity report is being filed									
Check	mepore remod	Due Date	122000000 TW TAGGORPACTO / 4	1 1 1	1 1 1				
×	2019-3 9/1/19 - 12/3	1/19 1/15/202	20						
					练演 想——				
3. List all employers/organizations that you represent as a lobbyist   Use additional reporting forms if necessary.									
1. WV Environmental Council									
2	2								
3									
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."									
Legislative Interim meeting coverage									
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	\$	\$	\$	\$	\$	\$	\$	
H.	Campaign Contributions		LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.						
1.	TOTAL of all expenditures		\$	\$	\$	\$	\$	\$	
If you s	ponsored or contributed to	any group event	or shared expe	nses, list the tot	al expended in c	ategory 5G imn	nediately above	e. Complete and	

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.