Received Sanningsion

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 Rec'd\_

| Late reporting fine - \$10 per business day past the due date (\$250 maximum)                                      |  |  |   |                  |                   |                                  | Days late                | Fin              | ie             |  |
|--|--|--|---|------------------|-------------------|----------------------------------|--------------------------|------------------|----------------|--|
| 1. N   | ame and co   | ntact information  |   |                  |                   |                                  |                          |                  |                |  |
| Name   | Lee McG  | rath   |   |                  |                   | Dh (                             | 612) 435-3451            |                  |                |  |
|  |  |  |   |                  |                   | Phone (612) 435-3451             |                          |                  |                |  |
| Busine   | ss Address _   | 320 NICOHELL IVI   | an, Suite S                             |                  | Bi                | Business Email   Imcgrath@ij.org |                          |                  |                |  |
|  |  |  |   |                  |                   |                                  |                          |                  |                |  |
| City, St   | tate ZIp Min   | nneapolis, MN 554  | 102                                     |                  | <del></del>       |                                  |                          |                  |                |  |
| 2. Reporting period for which this activity report is being filed  |  |  |   |                  |                   |                                  |                          |                  |                |  |
| Check  |  |  | Due Date                                |                  | The Real Property | 5 15 15 15                       |                          |                  |                |  |
| X  | 2019-3   | 9/1/19 - 12/31/19  | 1/15/2020                               | 0                |                   |                                  |                          |                  |                |  |
|  |  |  |   |                  |                   | 1154                             |                          |                  |                |  |
|  |  |  |   | A-15-64-64       |                   |                                  |                          |                  |                |  |
| 3. List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary. |  |  |   |                  |                   |                                  |                          |                  |                |  |
| 1, Institute for Justice   |  |  |   |                  |                   |                                  |                          |                  |                |  |
|  |  |  |   |                  |                   |                                  |                          |                  |                |  |
| 2  |  |  |   |                  |                   |                                  |                          |                  |                |  |
| 3 6  |  |  |   |                  |                   |                                  |                          |                  |                |  |
|  |  |  |   |                  |                   |                                  |                          |                  |                |  |
| 4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."                          |  |  |   |                  |                   |                                  |                          |                  |                |  |
|  |  |  |   |                  |                   |                                  |                          |                  |                |  |
| none   |  |  |   |                  |                   |                                  |                          |                  |                |  |
|  |  |  |   |                  |                   |                                  |                          |                  |                |  |
|  |  |  |   |                  |                   |                                  |                          |                  |                |  |
|  |  |  |   |                  |                   |                                  |                          |                  |                |  |
| 5. Expenditures  |  |  |   |                  |                   |                                  |                          |                  |                |  |
|  |  | including campaig  | n contributio                           | ns. mark here:   | 1/                |                                  |                          | ,                |                |  |
| If won's   | nest money   | on any public offic  | lal employee                            | or member of     | his or her imme   | date family, list t              | he amounts sp            | ent in each of t | he following   |  |
| catego   | ries per each  | employer you rep   | esent. Comi                             | olete and attach | Schedule A to t   | his report.                      | and refer to the feet of |                  |                |  |
|  | liture Catego  | The state of the s | Employer 1                              | Employer 2       | Employer 3        | Employer 4                       | Employer 5               | Employer 6       | Total Expended |  |
| A  | Meals and  |  | \$                                      | 5                | \$                | \$                               | \$                       | \$               | \$             |  |
| В.   | Lodging  |  | 5                                       | \$               | \$                | S                                | \$                       | \$               | \$             |  |
| C.   | Advertising  |  | \$                                      | \$               | \$                | \$                               | \$                       | \$               | \$             |  |
| D.   | Travel   |  | \$                                      | \$               | \$                | \$                               | \$                       | \$               | \$             |  |
| E.   | Gifts  |  | \$                                      | \$               | \$                | \$                               | \$                       | \$               | \$             |  |
| F.   | Other Expe   |  | \$                                      | \$               | \$                | \$                               | \$                       | \$               | \$             |  |
| G.   | Group Exp  |  | \$                                      | \$               | \$                | \$                               | \$                       | \$               | \$             |  |
| H.   | Campaign Contributions                               |  | LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. |                  |                   |                                  |                          |                  | \$             |  |
| L  | TOTAL of a   | il expenditures  | Ś                                       | \$               | \$                | \$                               | \$                       | \$               | \$             |  |
| G.<br>H.<br>I.<br>If you s   | Group Expe<br>Campaign<br>TOTAL of a<br>sponsored of | enditures  | LIST AMOUN                              | T IN "TOTAL EX   | PENDED" COLU      | MN.                              | \$                       | \$               | \$             |  |