APR 27 2020

West Virginia Ethics Commission

Lobbyist Activity Report Form

2020-01

West Virginia Ethics Commission Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301 304-558-0664 No faxed copi

304-558-0664 No faxed copies For office use only:

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Postmark ______ Rec'd _____

Days late _____ Fine _____

| Late reporting fine - \$10 per business day past the due date (\$250 maximum) | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------|------------|------------|------------|------------|------------|------------|----------------|--|
| 1. Name and contact information | | | | | | | | | | |
| Name Patricia A. Burdette Phone 304-542-6979 | | | | | | | | | | |
| 28 Westwood Pointe | | | | | | | | | | |
| Business Address 28 Westwood Pointe Business Email pat@burdettegroup.com | | | | | | | | | | |
| | | | | | | | | | | |
| City, State Zip Parkersburg, WV 26101 | | | | | | | | | | |
| , | | | | | | | | | | |
| 2. Reporting period for which this activity report is being filed | | | | | | | | | | |
| Check Report Period Due Date | | | | | | | | | | |
| X | | 1/1/20 - 4/30/20 | 5/15/2020 | - | | | | | | |
| | 1 2020 2 | 1,2,20 1,00,20 | 3,23,232 | | | | | | | |
| | | | | | | | | | | |
| 2 1 | 2 List all ampleyors forganizations that you represent as a labbuist. | | | | | | | | | |
| 3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary. | | | | | | | | | | |
| 1. N/A 4 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| | | | | | | | | | | |
| 3 6 | | | | | | | | | | |
| | | | | | | | | | | |
| 4. Lobbying activity summary - If there was no activity or expenditures, indicate "none." | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | kpenditure | | | | | | | | | |
| 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 A. Meals and Beverages | | Employer 1 | Employer 2 | Employer 3 | Employer 4 | Employer 5 | Employer 6 | Total Expended | |
| A. B. | | d beverages | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| C. | Lodging Advertising | ng | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| D. | Travel | 18 | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| E. | Gifts | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| F. | Other Exp | penses | \$ | \$ | S | \$ | \$ | \$ | \$ | |
| G. | - | penditures | \$ | \$ | \$ | S | \$ | \$ | \$ | |
| H. | Campaign Contributions LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. | | | | | | | | | |
| 1. | | | | \$ | \$ | \$ | \$ | \$ | \$ | |
| | | | | | | | | | | |

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.