APR 23 2020

West Virginia Ethics Commission

Lobbyist Activity Report Form

2020-01

Thics Commission

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)

	, , , , ,	me vio per bus.	ness day pas	t the due dute	(PLSO Maxim	um,				
1. Name and contact information										
Name Phyllis M. Cole Phone 304-668-2499										
							pmcole45@gmail.com			
Dustriess Efficient .										
City, State Zip Petersburg, WV 26847										
City, State Zip										
2. Reporting period for which this activity report is being filed										
Check Report Period Due Date Due Date										
х		1/1/20 - 4/30/20	5/15/2020	100000000000000000000000000000000000000						
^	2020-1	1/1/20 - 4/30/20	3/13/2020				-			
						53030				
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.										
Allegheny Wood Products Inc										
1. Alleghery vvood i roddets, me.										
2.	2 5									
36										
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
None										
5. Expenditures										
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.										
							Total Expended			
A.	Meals and	d Beverages	\$	\$	\$	\$	\$	\$	\$	
B.	Lodging		\$	\$	\$	\$	\$	\$	\$	
C.	Advertisir	ng	\$	\$	\$	\$	\$	\$	\$	
D.	Travel		\$	\$	\$	\$	\$	\$	\$	
E.	Gifts		\$	\$	\$	\$	\$	\$	\$	
F.	Other Exp	enses	\$	\$	\$	\$	\$	\$	\$	
G.		penditures	\$	\$	\$	\$	\$	\$	\$	
H.		Campaign Contributions LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. \$								
I.	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									

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.