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## MAY 1 5 2020

## **WV** Ethics Commission

West Virginia Ethics Commission

## **Lobbyist Activity Report Form**

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: Rec'd\_

1. Name and contact information           Name         Shauna Gardner         Phone         847-651-5096	
	-
Business Address 950 F Street NW, Suite 300 Business Email SGardner@phrma.org	
Business Address Email	
City, State Zip Washington, District of Columbia 20004	
2. Reporting period for which this activity report is being filed	
Check Report Period Due Date	
x 2020-1 1/1/20 - 4/30/20 5/15/2020	
3. List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary.	
1. Pharmaceutical Research and Manufacturers of America (PhRMA) 4.	-
1. Thatmaceutical Nesearch and Mandracturers of America (Finding) 4.	
2	
3 6	
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4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."	
None.	
	-
	-
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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 Expende	
A. Meals and Beverages \$0 \$ \$ \$ \$ \$	
B. Lodging \$0 \$ \$ \$ \$ \$ 0	_
C. Advertising \$0 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
D. Travel \$0 \$ \$ \$ \$ \$ \$ 0	_
E. Gifts \$0 \$ \$ \$ \$ \$ \$ \$ 0	
F.         Other Expenses         \$ 0         \$ \$         \$ \$         \$ 0           G.         Group Expenditures         \$ 0         \$ 5         \$ 5         \$ 5         \$ 5	-
	_
H. Campaign Contributions LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. \$0  1. TOTAL of all expenditures \$0 \$ \$ \$ \$ \$	

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.