## Received

## MAY 1 5 2020

## WV Ethics Commission

**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 copies
For office use only:
Postmark \_\_\_\_\_\_ Rec'd \_\_\_\_\_
Days late \_\_\_\_\_ Fine \_\_\_\_\_\_

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

tate reporting fine - 310 per business day past the due date [3230 maximum]									
1. Name and contact information									
Name Susan Liebel Phone 317-440-6998									
Business Address 2800 Shirlington Road, Suite 1200 Business Email sswayzeliebel@sbalist.org									
Business Address Business Email									
City, State Zip Arlington, VA, 22206									
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						
						23252			
3. List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary.									
1. Susan B. Anthony List									
2 5									
36									
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."									
Breakfast event in the state house on January 16, 2020									
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.									
	diture Cate		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended
A.		d Beverages	\$	\$	Š	Ś	Ś	\$	S
В.	Lodging	o beverages	\$	\$	\$	\$	\$	\$	Š
C.	Advertisi	ng	\$	\$	Ś	\$	S	\$	Ś
D.	Travel		\$	\$	\$	\$	Ś	\$	\$
E.	Gifts		\$	\$	Ś	Ś	Ś	\$	Ś
F.	Other Ex	penses	\$	Ś	S	Ś	\$	\$	\$
G.	Group Expenditures		\$	\$	S	\$	\$	\$	\$
H.				LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.					\$
1.		all expenditures	\$	\$	\$	\$	\$	\$	\$
	sponsored	or contributed to a	ny group event	or shared expe	enses, list the to	otal expended in o	category 5G imr	nediately abov	e. Complete and
attach a Schadula B for each event									