## Received

## MAY 1 5 2020

West Virginia Ethics Commission 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
Far office use only:
Postmark Rec'd
Days late Fine

. N	ame and co	ontact information							
Vame	Michael	B. O'Connor				Phone 3	17-408-4478		
Business Address Lilly Corporate Center					Prione				
Busine	ss Address	Lilly Corporate	Center		Bu	siness Email OC	omormæiii	y.com	
City, Si	rate Zip	idianapolis, IN 46	3285						
-	_	eriod for which this		is being filed					
Check		Period	Due Date						
X	2020-1	1/1/20 - 4/30/20	5/15/2020			STREET, ST			
	+		+				-		+
		oyers/organizations	that you repre	esent as a lobb	yist	Usi	e additional rep	orting forms if	necessary.
1.	Eli Lilly	and Company			4				
-					-				
2.					5,				
100					6				
3.					0				
3.					0,	-			
		tivity summary - If ti							
l. Lo	obbying ac								
	obbying ac								
l. Lo	obbying ac								
1. Lo	obbying ac								
l. Lo	obbying ac								
l. Le	obbying ac	tivity summary - If ti							
Non	obbying ac	tivity summary - If ti	here was no ac	tivity or expen	ditures, indicat				
Non	e e expenditure	tivity summary - If the state of the state o	here was no ac	tivity or expen	oditures, indicato	e "none."		ent in each of t	he following
Non	expenditure	tivity summary - If ti	here was no ac gn contribution cial, employee	itivity or expensions, mark here:	ditures, indicate	e "none."		ent in each of t	he following
Non	expenditure	tivity summary - If the state of the state o	here was no ac gn contribution cial, employee	itivity or expensions, mark here:	ditures, indicate	e "none."		ent in each of t	he following  Total Expende
Non	expenditure expenditure expenditure expenditure expenditure expenditure diture Cate	tivity summary - If the state of the state o	there was no ac gn contribution cial, employee present. Comp	itivity or expensions, mark here: or member of lete and attach	ditures, indicate	e "none." diate family, list his report.	the amounts sp		
Non	expenditure expenditure expenditure expenditure expenditure expenditure diture Cate	is es, including campaige on any public offich employer you reg	gn contribution cial, employee present. Comp Employer 1	ns, mark here: or member of lete and attach	his or her immed Schedule A to t	e "none."  diate family, list this report.  Employer 4	the amounts sp	Employer 6	Total Expende
Non  S. Er  f no e  f you  catego  Expen  A.  B.	expenditure expenditure expenditure spent mon ries per ea diture Cate	tivity summary - If the second	gn contribution cial, employee present. Comp Employer 1	ns, mark here: or member of lete and attach Employer 2	his or her immed Schedule A to t	diate family, list his report.  Employer 4	the amounts sp	Employer 6	Total Expende
Non  i. La  Non  f you  aatego  Expen  A.  B.	expenditure expenditure expenditure spent mon ries per ea diture Cate Meals an Lodging	tivity summary - If the second	gn contribution cial, employee present. Comp Employer 1 \$	as, mark here: or member of lete and attach Employer 2 \$	his or her immed Schedule A to t	diate family, list his report.  Employer 4  \$	the amounts sp	Employer 6 \$	Total Expende \$ \$
Non  Non  From et al. Lec	expenditure expenditure expenditure spent mon ries per ea diture Cate Meals an Lodging Advertisi	tivity summary - If the second	gn contribution cial, employee present. Comp Employer 1 \$ \$ \$	ns, mark here: or member of lete and attach Employer 2 \$ \$	his or her immed Schedule A to t	diate family, list his report.  Employer 4  \$ \$ \$	the amounts sp	Employer 6 \$ \$ \$	Total Expende \$ \$ \$
i. E. Froe e f you eatego	expenditure expenditure expenditure spent mon ries per ea diture Cate Meals an Lodging Advertisi Travel	tivity summary - If the state of the state o	gn contribution cial, employee present. Comp Employer 1 \$ \$ \$	ns, mark here: or member of lete and attach Employer 2 \$ \$ \$ \$	his or her immed Schedule A to t Employer 3 \$ \$	diate family, list his report.  Employer 4  \$ \$ \$ \$	the amounts sp	Employer 6 \$ \$ \$ \$	Total Expende \$ \$ \$ \$ \$
i. Lo Non  ii. E. Fr. E. Fr.	expenditure expend	tivity summary - If the state of the state o	gn contribution cial, employee present. Comp Employer 1 \$ \$ \$ \$ \$	as, mark here: or member of lete and attach Employer 2 \$ \$ \$ \$ \$	his or her immed Schedule A to t Employer 3 \$ \$ \$	diate family, list his report.  Employer 4  \$ \$ \$ \$	the amounts sp Employer 5 \$ \$ \$ \$ \$	Employer 6 \$ \$ \$ \$ \$ \$ \$	Total Expende \$ \$ \$ \$ \$ \$ \$ \$
Non	expenditure expend	tivity summary - If the second	gn contribution cial, employee present. Comp Employer 1 \$ \$ \$ \$ \$ \$ \$	as, mark here: or member of lete and attach Employer 2 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	his or her immed Schedule A to t Employer 3 \$ \$ \$	diate family, list his report.  Employer 4  \$ \$ \$ \$ \$ \$ \$ \$ \$	the amounts sp  Employer 5  \$ \$ \$ \$ \$ \$	Employer 6 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Total Expende  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$