Received

MAY 1 3 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 _____

Late reporting fine - \$10 per business day past the due date (\$250 m								Days late	Fin	e
1. Name and contact information										
Name Angie Rosser Phone 304-437-1274										
						Business Email arosser@wvrivers.org				
City, State Zip Procious, WV 25164										
2. Reporting period for which this activity report is being filed										
Check	Report	Period	Due Date	- 4 11				1		
х	2020-1	1/1/20 - 4/30/20	5/15/2020	3,0			100			
							144			
					24	4.				
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.										
West Virginia Rivers Coalition										
2						5				
36										
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
Individual meetings and correspondence with legislators, staff and agency representatives; testimony in committee meeting										
individual infectings and correspondence with registators, stant and agency representatives; testimony in committee meeting										
and the same of the	penditure									
		es, including campa								
If you :	spent mon	ey on any public off	icial, employee	or member	er of his or	her immed	iate family, list	the amounts sp	ent in each of t	he following
catego	ries per ea	ich employer you re	present. Comp	lete and a	ttach Sched	dule A to th	is report.	,		
Expen	diture Cate	egories	Employer 1	Employe	r 2 Emi	ployer 3	Employer 4	Employer 5	Employer 6	Total Expended
Α.	Meais an	d Beverages	S	\$	\$		\$	S	S	\$
В.	Lodging		\$	S	5		S	\$	\$	\$
C.	Advertisi	ng	\$	\$	\$		\$	S	5	\$
D.	Travel		S	\$	\$		\$	\$	\$	\$
E.	Gifts		\$	\$	\$		\$	\$	\$	\$
F.	Other Ex		\$	5	S		\$	\$	\$	\$
G.	-	penditures	\$	\$	\$		5	5	\$	S
H.		n Contributions		LIST AMOUNT IN "TOTAL EXPENDED" CO					The same of the sa	\$
l.		f all expenditures	\$	\$	\$		\$	\$	\$	\$0
		or contributed to a	ny group event	or shared	expenses,	ist the tota	l expended in o	category 5G imn	nediately above	e. Complete and
attach a Schedule B for each event.										