## Received

## MAY 13 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

1. Na	ame and co	ontact information							
Name	Jon P. V	Vebster				Phone (	304) 746-2761	(304) 382-49	43
Business Address 404 29th Street W.						Phone (304) 746-2761, (304) 382-4943  Business Email jpwebster@aep.com			
Busine	ss Address	-104 2011 01100			Bu	siness Email JP	venster@aeh	COIII	
City, St	ate Zip C	harleston, WV 253	387						
2. Re	porting pe	eriod 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	123/00/04/20					
3. Lis	st all empl	oyers/organizations	that you repre	esent as a lobb	yist	Use	additional rep	orting forms i	f necessary.
	AEP/AF								
1.					4				
2.					5				
3									
-					6.				
-,		tivity summary - If t							
	bbying ac								
4. Lo	obbying ac	tivity summary - If t							
None	obbying ac	tivity summary - If t	here was no ac	tivity or exper	nditures, indicat				
None  None  S. Exif no e	penditure	tivity summary - If t s s, including campai	here was no ac gn contribution cial, employee	ntivity or exper	nditures, indicat	e "none."			the following
None  None  S. Ex	ependiture spent moneries per ea	tivity summary - If t s s, including campai ey on any public offi ch employer you re	here was no ac gn contribution cial, employee present. Comp	ns, mark here: or member of lete and attach	his or her immen	e "none." diate family, list t his report.	the amounts sp	ent in each of t	
None  S. Ex  f no e)  f you s  catego	ependiture spent moneries per ea	s s, including campai ey on any public offi ch employer you re	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	diate family, list this report.	the amounts sp	ent in each of t	Total Expended
None  S. Ex  If no ex  catego  Expende	ependiture expenditure expenditure expenditure expenditure diture Cate Meals an	tivity summary - If t s s, including campai ey on any public offi ch employer you re	gn contribution cial, employee present. Comp Employer 1	ns, mark here: or member of lete and attach Employer 2	his or her imments Schedule A to to Employer 3	diate family, list this report.  Employer 4	the amounts sp	ent in each of t Employer 6	Total Expended
None  None  Solution  None  So	spenditure spenditure spent mon- ries per ea diture Cate Meals an Lodging	s s, including campai ey on any public offi ch employer you reg gories d Beverages	gn contribution cial, employee present. Comp Employer 1 \$	ns, mark here: or member of lete and attach Employer 2 \$ \$	his or her immen Schedule A to t	diate family, list this report.  Employer 4  \$	the amounts sp Employer 5 \$	ent in each of t Employer 6 \$ \$	Total Expended \$
None  None  Expended  None  No	penditure expenditure expenditure expenditure diture Cate Meals an Lodging Advertisi	s s, including campai ey on any public offi ch employer you reg gories d Beverages	gn contribution cial, employee present. Comp Employer 1 \$ \$ \$	ns, mark here: or member of lete and attach Employer 2 \$ \$ \$	his or her immens Schedule A to to Employer 3	diate family, list this report.  Employer 4  \$ \$ \$	the amounts sp Employer 5 \$ \$ \$	ent in each of t Employer 6 \$ \$ \$	Total Expended \$ \$ \$
None  S. Exif no exit f you statego Expende A. B. C. D.	spenditure spenditure spent mone ries per ea diture Cate Meals an Lodging Advertisi Travel	s s, including campai ey on any public offi ch employer you reg gories d Beverages	gn contribution cial, employee present. Comp Employer 1 \$ \$ \$ \$	ns, mark here: or member of lete and attack Employer 2 \$ \$ \$ \$	his or her immed Schedule A to t Employer 3 \$ \$ \$	diate family, list this report.  Employer 4  \$ \$ \$ \$	the amounts sp Employer 5 \$ \$ \$ \$ \$	ent in each of t  Employer 6  \$  \$  \$  \$	S S S S
None  S. Ex  If no e)  If you s  catego  Expend  A.  B.  C.  D.  E.	penditure spenditure spent mone ries per ea diture Cate Meals an Lodging Advertisi Travel Gifts	s s, including campai ey on any public offi ch employer you rep gories d Beverages	gn contribution cial, employee present. Comp Employer 1 \$ \$ \$ \$ \$	ns, mark here: or member of lete and attach Employer 2 \$ \$ \$ \$ \$	his or her imments Schedule A to to Employer 3	diate family, list this report.  Employer 4  \$  \$  \$  \$  \$	Employer 5 \$ \$ \$ \$ \$ \$ \$	ent in each of t  Employer 6  \$  \$  \$  \$  \$	S S S S S
None  S. Exif no exit f you scatego  Expenda.  B. C. D. E. F.	penditure spent mone ries per ea diture Cate Meals an Lodging Advertisi Travel Gifts Other Ex	s s, including campai ey on any public offi ch employer you rep gories d Beverages	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 to Employer 3  \$ \$ \$ \$ \$ \$ \$	diate family, list this report.  Employer 4  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$	Employer 5 \$ \$ \$ \$ \$ \$ \$ \$	ent in each of the Employer 6 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	S S S S S S
None  S. Ex  If no ex  If you s  catego  Expend  A.  B.  C.  D.  E.  F.  G.	penditure spent mone ries per ea diture Cate Meals an Lodging Advertisi Travel Gifts Other Ex	s s, including campai ey on any public offi ch employer you rep gories d Beverages ng	ign 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 this report.  Employer 4  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Employer 5 \$ \$ \$ \$ \$ \$ \$	ent in each of t  Employer 6  \$  \$  \$  \$  \$	Total Expended \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
None  S. Ex  If no e)  If you s  catego  Expend  A.  B.  C.  D.  E.	penditure respendence respende	s s, including campai ey on any public offi ch employer you rep gories d Beverages	ign 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 to Employer 3  \$ \$ \$ \$ \$ \$ \$	diate family, list this report.  Employer 4  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Employer 5 \$ \$ \$ \$ \$ \$ \$ \$	ent in each of the Employer 6 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	S S S S S S