Received

SEP 09 2020

West Virginia Ethics Commission

Lobbyist Activity Report Formics Commission

2020-02

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 _____

Days late

Rec'd____ Fine

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

1. Name and contact information										
Name Shauna Gardner Phone 847-651-5096										
Business Address 950 F Street NW Business Email SGardner@phrma.org									3	
Suite 300										
City, State Zip Washington, District of Columbia 20004										
2. Reporting period for which this activity report is being filed										
Check		Period	Due Date							
X	2020-2	5/1/20 - 8/31/20	9/15/2020	2						
	+						_			
	.1	L								
3. L	3. List all employers/organizations that you represent as a lobbyist									
1	Pharmaceutical Research and Manufacturers of America 4.									
25										
3	36									
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
None										
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 5	Employer 6	Total Expended	
Α.		d Beverages	\$	\$	\$	\$	\$	\$	\$	
В.	Lodging		\$	\$	\$	\$	\$	\$	\$	
C.	Advertising		\$	\$	\$	\$	\$	\$	\$	
D.	Travel		\$	\$	\$	\$	\$	\$	\$	
E.	Gifts		\$	\$	\$	\$	\$	\$	\$	
F.	Other Expenses		\$	\$	\$	\$	\$	\$	\$	
G.		Group Expenditures \$		\$	\$	\$	\$	\$	\$	
Н.		Campaign Contributions LIST AMOUNT IN "TOTAL E					1.6	<u> </u>	\$0.00	
I.	THE RESERVE OF THE PARTY OF THE		W 55000	*	\$ near list that	\$ atal avacaded in	\$	> adiatal: - b	\$0.00	
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.										