West Virginia Ethics Commission

Lobbyist Activity Report Form

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:

Days late _

Postmark _____ Rec'd__

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

1. Name and contact information								
Name Samuel F. Hanna Phone (304)342-2137 Business Address 3508 Noves Ave Business Email Shannaahannakawww.co								
Business Address 3508 Noves Ave Business Email Shannada mada will ave								WINE CON
Pro Box 2311								
Chara 1111 25 22 C								
City, State Zip Chas, WV 25328								
,								
2. Reporting period for which this activity report is being filed								
Check		Due Date	- Karanga Pangangan					
X	2020-2 5/1/20 - 8/31/20	9/15/202	0					
3. List all employers/organizations that you represent as a lobbyist								
Allied Waste Services of North America LLC dilla Republic Sues of WV								
Allied Waste Services of North America LLC d/b/a Republic Sves of WV American Disposal Sves. of North America d/b/a Republic Sves of W								
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3 6								
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."								
None								
5. Expenditures								
If no expenditures, including campaign contributions, mark here:								
		-			diate family list t	the amounts en	ent in each of t	ho following
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.								
Expenditure Categories		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended
Α.	Meals and Beverages	\$	\$	\$	Ś	S	\$	\$
В.	Lodging	\$	Ś	Ś	Ś	S	\$	Ś
C.	Advertising	\$	\$	S	Ś	S	\$	Ś
D,	Travel	\$	\$	S	S	S	S	S
E.	Gifts	\$	\$	Ś	S	S	\$	\$
F.	Other Expenses	\$	\$	\$	\$	\$	\$	\$
G.	Group Expenditures	\$	\$	\$	\$	\$	\$	\$
Н.	Campaign Contributions	LIST AMOUN	IT IN "TOTAL EX	PENDED" COLU	MN.			\$
í.	TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$
If you	sponsored or contributed to a	ny group event	or shared expe	enses, list the tot	al expended in c	ategory 5G imn	nediately above	e. Complete and
attach a Schedule B for each event.								