SEP 1 5 2020

WV Ethics Commission

West Virginia Ethics Commission

attach a Schedule B for each event.

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:
Postmark _____

Rec'd____

Late	reporting)	line - \$10 per busir	ness day past	the due date	(\$250 maxim	um)	Days late	Fin	e
1.	Name and co	ontact information							
Name	m	PATRICK /	M. Car	i.e.		Phone			
Busin	ess Address				Bu	ısiness Email			
City	State 7in								
,									
2. 1	Reporting p	eriod for which this	activity report	is being filed					
Chec	Report	Period	Due Date						
X	2020-2	5/1/20 - 8/31/20	9/15/2020						
3. 1	ist all empl	oyers/organizations	that you repr	esent as a lobb	yist	Us	e additional rep	orting forms i	f necessary.
	r/_//2	MINIAGI	,		4. <u></u>	FROCCAL	11		
	2. WV /	T ENERGY MUNICIPAL	LEAGU	E	5. 4	JASTE /	MANAGI	EMENT	
	OHIC	VALLEY CA	Alc-AUGT	ins	6				
	E. Circ	VALLEY CO	-OUN CI	1	0				
4.	obbying ac	tivity summary - If ti	here was no a	tivity or expen	ditures, indicat	e "none."			
		MANIE							
		NONE							
5.	Expenditure	s							
f no	expenditure	s, including campaig	gn contribution	ns, mark here:					
If you	spent mon	ey on any public offic	cial, employee	or member of	his or her imme	diate family, list	the amounts sp	ent in each of	the following
		ch employer you rep							
Expe	nditure Cate	egories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expende
A.	Meals an	d Beverages	\$	\$	\$	\$	\$	\$	\$
В.	Lodging		\$	\$	\$	\$	\$	\$	\$
C.	Advertisi	ng	\$	\$	\$	\$	\$	\$	\$
D.	Travel	_	\$	\$	\$	\$	\$	\$	\$
E.	Gifts		\$	\$	\$	\$	\$	\$	\$
F.	Other Ex	penses	\$	\$	\$	\$	\$	\$	\$
G.		penditures	\$	\$	\$	\$	\$	\$	\$
Н.	+	n Contributions	-		(PENDED" COLU	IMN.	TANK BARBA		\$ 3,900.
l.		f all expenditures	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$	\$ 3.900.
		or contributed to an						nediately abov	e. Complete and

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

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304-558-0664

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For office use only:

Postmark _____ Rec'd _____ Days late ____ Fine ____

	vame and c	ontact information							
Name	m.P.	STRICK MC	CUNE			Phone	304-550	1-2388	
Busin	ess Address	2020 KA	VAWHA ,	BOULEVAR	D. EAST B	usiness Email N	KCUNEASS	CCIATES	DACK COM
		SUITE 300							
C 1.		CHARLESTO	Nat 1111	25211					
City, S	State Zip	CHARLEST	iro, wv	20011					
2 .									
2. F		eriod for which this Period		is being filed		10000000000000000000000000000000000000		1	
X		5/1/20 - 8/31/20	9/15/2020				-		
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	obbying ac	tivity summary - If t	there was no a	ctivity or exper	nditures, indicat		EE SEC	ons pac	5)
	obbying ac	tivity summary - If t	there was no a	ctivity or exper	nditures, indicat		EE SEC	ONS PAG	5)
			here was no a	ctivity or exper	nditures, indicat		ee sec	ong PAG	5)
		tivity summary - If t	there was no a	ctivity or exper	nditures, indicat		ee sec	UNG PAG	(E)
			here was no a	ctivity or exper	nditures, indicat		ee sec	ung PAG	(F)
4. L		NONE	here was no a	ctivity or exper	nditures, indicat		ee sec	UNG PAG	(E)
4. L	/ Expenditure	NONE			nditures, indicat		EE SEC	UNG PAG	
4. L 5. E	/ expenditure	NONE ss. including campai	ign contributio	ns, mark here:		e "none."			
5. E	Expenditure expenditure spent mone	NONE ss. including campai	<i>ign contributio</i> icial, employee	ns, mark here: or member of	his or her imme	e "none."			
5. Elf no elf you catego	Expenditure expenditure spent mone	NONE ss. including campai ey on any public offi ch employer you re	<i>ign contributio</i> icial, employee	ns, mark here: or member of	his or her imme	e "none."			
5. Elf no elf you catego	expenditure expenditure spent mono ories per ea nditure Cate	NONE ss. including campai ey on any public offi ch employer you re	ign contributio icial, employee present. Comp Employer 1	ns, mark here: or member of olete and attach	his or her immen Schedule A to t Employer 3	diate family, list	the amounts sp	ent in each of t	the following
5. Elf no el lf you catego	expenditure expenditure spent mono ories per ea nditure Cate	NONE ss. including campai ey on any public offi ch employer you re	ign contributio icial, employee present. Comp Employer 1 \$	ns, mark here: or member of olete and attach Employer 2	his or her immen Schedule A to t Employer 3	diate family, list his report. Employer 4	the amounts sp	ent in each of t Employer 6	the following Total Expended
5. Elf no ell fyou categor Exper A.	expenditure expenditure spent mone ories per ea nditure Cate Meals an	NONE ss. including campai ey on any public offi ch employer you re- regories d Beverages	ign contributio icial, employee present. Comp Employer 1 \$	ns, mark here: or member of olete and attach Employer 2	his or her immed Schedule A to t Employer 3 \$	diate family, list his report. Employer 4	the amounts sp	ent in each of t Employer 6	the following Total Expended
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