## Received

## SEP 21 2020

West Virginia Ethics Commission

## WV Ethics Commission

## **Lobbyist Activity Report Form**

2020-02

in the data to be in a set the due date (\$250 maximum)

West Virginia Eth	ics Committee
Attn: Lobbyist Re	
210 Brooks St., St	
Charleston, WV	25301
304-558-0664	No faxed copies
For office use only:	
Postmark	Rec'd
Days late	Fine

					0.40.400.400		
Name Margaret Chapman Pomponio  Business Address PO Box 11042		Phone 3043429188					
		Business Email Margaret@wvfree.org					
City, State Zip Charleston W	V 25339						
2. Reporting period for which	this activity repo	ort is being filed					
Check Report Period	Due Dat	THE RESERVE AND ADDRESS OF THE PARTY OF THE					
x 2020-2 5/1/20 - 8/31/	20 9/15/20	20			-		
					1		
3. List all employers/organizat	ions that you re	present as a lob	byist	Use	additional rep	orting forms if	necessary.
1. WV FREE Inc.			4				
2. WV FREE Action	Fund		5.				
3			6				
Lobbying activity summary -	If there was no	activity or expe	nditures, indicat	e "none."			
	If there was no	activity or expe	nditures, indicat	e "none."			
	If there was no	activity or expe	nditures, indicat	e "none."			
Expenditures				e "none."			
Expenditures no expenditures, including camp	aign contributio	ons, mark here:			the amounts sn	ent in each of t	he following
Expenditures no expenditures, including camp ou spent money on any public o	aign contributio	ons, mark here:	L L his or her imme	diate family, list	the amounts spo	ent in each of t	the following
Expenditures no expenditures, including camp ou spent money on any public o egories per each employer you r	aign contributio	ons, mark here:	L L his or her imme	diate family, list	the amounts spe	ent in each of t	he following  Total Expende
Expenditures no expenditures, including camp ou spent money on any public o egories per each employer you r	ogign contribution official, employee represent. Comp	ons, mark here: or member of plete and attach	his or her imme Schedule A to t	diate family, list his report.			γ
Expenditures  no expenditures, including camp  nou spent money on any public o egories per each employer you r penditure Categories	naign contribution fficial, employed represent. Comp Employer 1	ons, mark here: e or member of blete and attach Employer 2	his or her imme Schedule A to t Employer 3	diate family, list his report. Employer 4	Employer 5	Employer 6	Total Expende
Expenditures no expenditures, including camp ou spent money on any public o egories per each employer you n penditure Categories Meals and Beverages	raign contribution fficial, employed represent. Complement Complem	ons, mark here: or member of blete and attach Employer 2	his or her imme Schedule A to t Employer 3	diate family, list his report. Employer 4	Employer 5	Employer 6	Total Expended
Expenditures to expenditures, including camp ou spent money on any public o egories per each employer you r tenditure Categories Meals and Beverages Lodging	raign contribution  fficial, employee represent. Complement Employer 1 \$ \$	ons, mark here: or member of blete and attach Employer 2 \$	his or her immer Schedule A to t Employer 3 \$ \$	diate family, list his report. Employer 4 \$	Employer 5 \$	Employer 6 \$ \$	Total Expended \$
Expenditures no expenditures, including camp ou spent money on any public o egories per each employer you n penditure Categories Meals and Beverages Lodging Advertising	raign contribution  fficial, employee represent. Complement of the	e or member of olete and attach Employer 2	his or her immer Schedule A to t Employer 3 \$ \$	diate family, list his report.  Employer 4  \$ \$	Employer 5 \$ \$	Employer 6 \$ \$ \$	Total Expended \$ \$ \$
Expenditures no expenditures, including camp ou spent money on any public o egories per each employer you r penditure Categories Meals and Beverages Lodging Advertising Travel	raign contribution  fficial, employeer represent. Comp Employer 1 \$ \$ \$ \$	ons, mark here: or member of olete and attach Employer 2 \$ \$ \$	his or her immer Schedule A to t Employer 3 \$ \$ \$	diate family, list his report.  Employer 4  \$ \$ \$	Employer 5 \$ \$ \$	Employer 6 \$ \$ \$ \$	Total Expended \$ \$ \$ \$ \$ \$
Expenditures no expenditures, including camp you spent money on any public o gegories per each employer you r penditure Categories Meals and Beverages Lodging Advertising Travel Gifts	raign contribution  fficial, employee represent. Complete	ons, mark here: or member of olete and attach Employer 2 \$ \$ \$ \$	his or her immer Schedule A to t Employer 3 \$ \$ \$ \$	diate family, list his report.  Employer 4  \$ \$ \$ \$	Employer 5 \$ \$ \$ \$ \$	Employer 6 \$ \$ \$ \$ \$ \$	Total Expended \$ \$ \$ \$ \$ \$ \$ \$
Expenditures no expenditures, including camp ou spent money on any public o egories per each employer you r benditure Categories Meals and Beverages Lodging Advertising Travel Gifts Other Expenses	eaign contribution  fficial, employee epresent. Complement Employer 1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ens, mark here: or member of plete and attach Employer 2 \$ \$ \$ \$ \$ \$ \$	his or her immed Schedule A to the Employer 3 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	diate family, list his report.  Employer 4  \$ \$ \$ \$ \$ \$ \$	Employer 5 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Employer 6 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Total Expended \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

you sponsored or contributed to any group event or shared expenses, list the total expended in category 5G immediately above. Complete and tach a Schedule B for each event.