Received

SEP 16 2020

West Virginia Ethics Commission

Name and contact information

WV Ethics Commission

Lobbyist Activity Report Form

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

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_

Name RICHARD D. STEVENS						Phone 304-610-2644			
Name RICHARD D. STEVENS Phone 304-610-2644 Business Address 2016 1/2 KANAWHA BLVD, E Business Email 304-344-5246									
City, State Zip CHARLES TON WV 25311									
/									
2. Reporting period for which this activity report is being filed									
Check	Report	Period	Due Date						
x	2020-2	5/1/20 - 8/31/20	9/15/2020						
3. List all employers/organizations that you represent as a lobbyist Use additional reporting							ns if necessary.		
1. WV DENTIAL ASSOCIATION 4.									
2. WV PHARMACISTS ASSOCIATION.									

4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."									
	MEDICAL EXPENSES; DENTHE EXPENCES; PHARMACY;								
	CAMPAIGN CONTRIBUTIONS								

5. Expenditures									
If no e	expenditures, including campa	ign contributio	ns, mark here:						
If you	spent money on any public off	ficial, employee	or member of h	nis or her immed	liate family, list t	he amounts sp	ent in each of	the following	
catego	ories per each employer you re	present. Comp	olete and attach	Schedule A to th	nis report.				
Exper	nditure Categories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
A.	Meals and Beverages	\$ -	\$ -	\$	\$	\$	\$	\$	
B.	Lodging	\$ -	\$	\$	\$	\$	\$	\$	
C.	Advertising	\$	\$	\$	\$	\$	\$	\$	
D.	Travel	\$	\$	\$	\$	\$	\$	\$	
E.	Gifts	\$	\$	\$	\$	\$	\$	\$	
F.	Other Expenses	\$	\$	\$	\$	\$	\$	\$	
G.	Group Expenditures	\$	\$	\$	\$	\$	\$	\$	
H.	Campaign Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. \$1,300.0							
I.	TOTAL of all expenditures	\$1,300,00	\$	\$	\$	\$	\$	\$1,300.00	
If you	sponsored or contributed to a	ny group event	or shared evner	see list the tota	l evnended in c	ategony 5G imm	adiately above		

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.

