JAN 1 5 2021

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Activity Report Form

2020-03

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_

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

						*			
1. Name and contact information									
Name AUCON Dulette Phone (859)779-0181									
Business Address 120 Pay Lake Rd Business Email a de le Hermlinite con									
City, State Zip Condon, Ky 40744									
2. Reporting period for which this activity report is being filed									
Check Report Period Due Date									
X		1/20 - 12/31/20	1/15/202						
	1020 3 3,	1/20 12/31/20	1/13/202	15 5 6 7			_		
						371-47123			
3. L	Ose additional reporting forms if necessary,								
1. U.S. Term Linuts 4.									
2									
36									
4. Lobbying activity summary If there was no activity or expenditures, indicate "none."									
Lobbied for resolution for term limits on Congress									
- La Miller to the limits of congress									
We expenditures.									
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.									
	xpenditure Categories		mployer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended
Α.	Meals and Bev			\$	\$	\$	\$	\$	\$
В.		Lodging \$ \$ \$		\$	\$	\$	\$		
C.	Advertising \$ \$ \$ Travel \$ \$ \$			\$	\$	\$	\$		
D.	Travel Gifts			\$	\$	\$	\$	\$	\$
E.	Ψ			\$	\$	\$	\$	\$	\$
F.	Other Expenses			\$	\$	\$	\$	\$	\$
G. H.	Group Expenditures		ICT 4440111	\$	\$	\$	\$	\$	\$
H.		Campaign Contributions LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. STOTAL of all expenditures \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$							
I.	I UTAL OF All ex	penditures \$		\$	\$	\$	\$	\$	\$

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.