

Received

JAN - 7 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 _____

Rec'd _____

Days late _____

Fine _____

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

1. Name and contact information

Name Samuel A. Hickman

Phone 304 345-6279

Business Address NASW West Virginia Chapter

Business Email shickman.naswwv@socialworkers.org

1608 Virginia Street East

City, State Zip Charleston, WV 25311

2. Reporting period for which this activity report is being filed

Check	Report	Period	Due Date				
x	2020-3	9/1/20 - 12/31/20	1/15/2021				

3. List all employers/organizations that you represent as a lobbyist

Use additional reporting forms if necessary.

1. National Assoc. of Social Workers West Virginia Chapter

4. _____

2. _____

5. _____

3. _____

6. _____

4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."

Discuss the impact of existing and potential policies and legislation with elected and appointed officials and staff.

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.

Expenditure 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. 						\$100
I. TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$100

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.