Received

## MAY 11 2021

## WV Ethics Commission

| west virginia Et | inics commissio | on     |      |
|------------------|-----------------|--------|------|
| Lobbyist         | Activity        | Report | Form |
| 2021-01          |                 |        |      |

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

| 1.  | Name a | nd contact | t Information |
|-----|--------|------------|---------------|
| Nam | e Tra  | vis Blos   | ser           |

Address 2020 Kanawha Blvd. E.

Charleston, WV 25301 304-558-0664 No faxed copies For office use only: Postmerk \_\_\_\_\_ Rec'd \_\_\_\_\_ Days late \_\_\_\_\_ Fine \_\_\_\_\_

West Virginia Ethics Commission Attn: Lobbyist Registrar

210 Brooks St., Ste. 300

Phone 304-342-5564 Email tblosser@wvmi.org

City, State Zip Charleston, WV

| 2. Reporting period for which this activity report is being filed |         |                  |          |   |  |  |  |  |
|---|---------|------------------|----------|---|--|--|--|--|
| Check   | Report  | Period           | Due Date | Contraction of the second se |  |  |  |  |
| x   | 2021-01 | 1/1/21 - 4/30/21 | 5/17/21  |   |  |  |  |  |
|   |         |                  |          |   |  |  |  |  |
|   |         |                  |          | and the second second second second   |  |  |  |  |

| 3. | List all employers/organizations that you represent as a lobbyist | Use additional reporting forms if necessary. |
|----|---|--|
|    | 1. West Virgnia Municipal League                                  | 4  |
|    | 2   | 5  |
|    | 3   | б  |

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

## 5. Expenditures

| . L   | Apendicures                    |   |                 |                  |                    |                |                  |              |
|---|--------------------------------|---|-----------------|------------------|--------------------|----------------|------------------|--------------|
| if no expenditures, including campaign contributions, mark here:  |                                |   |                 |                  |                    |                |                  |              |
| If you  | spent money on any public off  | ficial, employee                        | or member of    | his or her immed | liate family, list | the amounts sp | ent in each of t | he following |
| catego  | ories per each employer you re | present. Comp                           | lete and attach | Schedule A to t  | his report.        |                |                  |              |
| Expenditure Categories Employer 1 Employer 2  |                                | Employer 3                              | Employer 4      | Employer 5       | Employer 6         | Total Expended |                  |              |
| A.  | Meals and Beverages            | \$                                      | \$              | \$               | \$                 | \$             | \$               | \$           |
| 8.  | Lodging                        | \$                                      | \$              | \$               | \$                 | \$             | \$               | \$           |
| C.  | Advertising                    | \$                                      | \$              | \$               | \$                 | \$             | \$               | \$           |
| D.  | Travel                         | \$                                      | \$              | \$               | \$                 | \$             | \$               | \$           |
| E.  | Gifts                          | \$                                      | \$              | \$               | \$                 | \$             | \$               | \$           |
| F.  | Other Expenses                 | \$                                      | \$              | \$               | \$                 | \$             | \$               | \$           |
| G.  | Group Expenditures             | \$                                      | \$              | \$               | \$                 | \$             | \$               | \$           |
| H.  | <b>Campaign Contributions</b>  | LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. |                 |                  |                    |                |                  |              |
| I.  | TOTAL of all expenditures      | \$                                      | \$              | \$               | \$                 | \$             | \$               | \$           |
| 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.   |                                |   |                 |                  |                    |                |                  |              |

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