AUG 2 3 2021

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Activity Report Form

2021-02

West Virginia Ethics Commission Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301

Postmark

304-558-0664 For office use only:

No faxed copies

Rec'd

Late reporting fine - \$10 per business day past the due date (\$250 maximum) Days lateFine										
1. Na	ame and co	ntact information						, , , , , , , , , , , , , , , , , , , 		
Name Pat Burdette Phone 304-542-6979										
Address 120 Westwood Pointe						Email pat.a.burdette@gmail.com				
Address 120 VV65LW000 F Office						Email <u>P</u>	Email Par.a.burderte@grifail.com			
City, State Zip Parkersburg, WV 26101										
2. Reporting period for which this activity report is being filed										
Check	Report	Period	Due Date							
×	2021-2	5/1/21-8/31/21	9/15/21							
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.										
1. NA 4.										
1. 14.										
2 5										
36										
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none." none										
T. LODDYING activity Summary - it triese was no activity or expenditures, indicate frome. Hone										
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.										
	diture Categ		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
A.		Beverages	\$	\$	\$	Ś	Ś	\$	\$	
B.	Lodging	Develages	\$	\$	\$	\$	\$	\$	\$	
C.		-	\$	\$	\$	\$	\$	\$	\$	
D.	Advertising Travel		\$	\$	Ś	\$	Ś	\$	\$	
E.	Gifts		\$	\$	\$	\$	\$	\$	\$	
F.	Other Expenses		\$	\$	\$	\$	\$	\$	\$	
G.	Group Exp		\$	\$	Ś	S	Ś	Ś	\$	
Н.		empaign Contributions LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.								
1.		all expenditures	\$	S	\$	Ś	\$	\$	Š	
		•				,			Complete and	
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.										