AUG 23 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
304-558-0664
**No faxed copies
For office use only:
Postmark
Days late
Fine
Fine

| . 1 | lame and contact | information | | | | | | | |
|-------------------------------|--|--|---|---|---|--|---|--|--|
| | | | 10 10 2 10 | *************************************** | | | 304 15 | 4 9823 | ? |
| amé | Donna ss_101 N | - 1W | 17 27 | 5 6.11 | 4.1 | Phone 5 | 110 | 33 | i vach.com |
| ldre | ess / 0 / /V | Kana | una si | Duite a | 701 | Email_ | Atanner | 190W | 10CV). COW) |
| ty, S | State Zip Bec | ikley | WV | 25801 | | | | | |
| F | leporting period f | or which this | activity repor | rt is being filed | | | | | |
| neck | Report Per | iod | Due Date | | aratrakan | | | | |
| x | 2021-2 5/1 | /21-8/31/21 | 9/15/21 | | | 1376 | | | |
| | | | | | | al alignost | | | |
| | | | | SHOP HUNGERS | 加速发展的影响。 | 的性則所然的 | | | |
| L | ist all employers/ | organization | s that you rep | resent as a lobb | yist | Us | e additional rep | orting forms i | f necessary. |
| | . Commu | id Ba | alleng st | Wast 1/in | inia . | | | | |
| 1 | . Custissi va | my nu | TACFION | VVEN VITA | 1711/2 4 | | | | |
| | | , | | | | | | | |
| 2 | | | | | 5, | | | | |
| 2 | | , | | | 5 6. | | | | |
| 3 | | , | | | 5 6 | | | | |
| 3 | | | | | 5, 6 | | | | |
| 3 . L | | summary - If | there was no | activity or exper | 6 | | | | |
| 3 | | summary - If | there was no | activity or exper | 6 | | | | |
| 3 | | | there was no | activity or exper | 5 6 nditures, indicate | | | | |
| 3 | | summary - If | there was no | activity or exper | 5 6 nditures, indicate | | | | |
| 3 | | summary - If | there was no | activity or exper | 5 6 nditures, indicate | | | | |
| | obbying activity s | summary - If | there was no | activity or exper | 56 | | | | |
| E | obbying activity s | iummary - If 1 | | | | | | | |
| no e | obbying activity s Off Expenditures Expenditures, incl | iummary - If 1 | ign contributi | ons, mark here: | | e "none." | | | |
| no e | cobbying activity s African | iummary - If 1 | <i>ign contributl</i> icial, employe | ons, mark here: e or member of | his or her immed | e "none." | | | |
| no e | expenditures, inclusives or each emoney on a | iummary - If 1 77 L uding campa ny public off ployer you re | <i>ign contributio</i> icial, employe present. Com | ons, mark here: e or member of plete and attack | his or her immed | e "none." diate family, list his report. | the amounts sp | ent in each of t | the following |
| no e you steg | expenditures expenditures, inclusions per each emiditure Categories | summary - If 1 27 L uding campa. sny public off ployer you re | ign contribution icial, employe present. Com Employer 1 | ons, mark here: e or member of plete and attach Employer 2 | his or her immed Schedule A to t Employer 3 | e "none." diate family, list his report. Employer 4 | the amounts sp | ent in each of t | the following |
| no e you steg | expenditures expenditures, inclusions per each emiditure Categories Meals and Bever | summary - If 1 27 L uding campa. sny public off ployer you re | ign contribution icial, employe present. Com Employer 1 | ons, mark here: e or member of plete and attach Employer 2 | his or her immed Schedule A to t Employer 3 | e "none." diate family, list his report. Employer 4 | the amounts sp | ent in each of t | the following Total Expende |
| no e you stege | expenditures expenditures, inclusives per each emiditure Categories Meals and Bever | summary - If 1 27 L uding campa. sny public off ployer you re | ign contribution icial, employe present. Com Employer 1 | ons, mark here: e or member of plete and attach Employer 2 | his or her immed Schedule A to t Employer 3 \$ | diate family, list his report. Employer 4 \$ | the amounts sp Employer 5 \$ | ent in each of t Employer 6 \$ | Total Expende |
| no q you teg | expenditures expenditures, inclusives per each emiditure Categories Meals and Bevel Lodging Advertising | summary - If 1 27 L uding campa. sny public off ployer you re | ign contribution icial, employe present. Com Employer 1 \$ \$ \$ | ons, mark here: e or member of plete and attach Employer 2 \$ \$ | his or her immee a Schedule A to to Employer 3 \$ \$ \$ \$ | diate family, list his report. Employer 4 \$ \$ \$ | the amounts sp | ent in each of t Employer 6 \$ \$ \$ | Total Expende |
| no e you ttege | expenditures expenditures, inclusives per each emiditure Categories Meals and Bevel Lodging Advertising Travel | summary - If 1 27 L uding campa. sny public off ployer you re | ign contribution icial, employe present. Com Employer 1 \$ \$ \$ \$ | ons, mark here: e or member of plete and attach Employer 2 \$ \$ \$ \$ | his or her immeen schedule A to to Employer 3 \$ \$ \$ \$ \$ \$ | diate family, list his report. Employer 4 \$ \$ \$ \$ | the amounts sp Employer 5 \$ \$ \$ | ent in each of t Employer 6 \$ \$ \$ \$ | Total Expende \$ \$ \$ \$ |
| no e you steg | expenditures expenditures, inclusives per each emiditure Categories Meals and Bever Lodging Advertising Travel Gifts | uding campa sny public off ployer you re | ign contribution icial, employe present. Com Employer 1 \$ \$ \$ \$ \$ | ons, mark here: e or member of plete and attach Employer 2 \$ \$ \$ \$ \$ | his or her immee of Schedule A to to Employer 3 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | diate family, list his report. Employer 4 \$ \$ \$ \$ \$ | the amounts sp Employer 5 \$ \$ \$ \$ | ent in each of t Employer 6 \$ \$ \$ \$ \$ \$ | Total Expende \$ \$ \$ \$ \$ \$ |
| no e you stegs kper | expenditures expenditures, inclusives per each emiditure Categories Meals and Beve Lodging Advertising Travel Gifts Other Expenses | uding campa sny public off ployer you re | ign contribution icial, employe present. Com Employer 1 \$ \$ \$ \$ \$ \$ \$ | ons, mark here: e or member of plete and attach Employer 2 \$ \$ \$ \$ \$ \$ | his or her immeen schedule A to to Employer 3 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | diate family, list his report. Employer 4 \$ \$ \$ \$ \$ \$ \$ | the amounts sp Employer 5 \$ \$ \$ \$ \$ \$ | ent in each of t Employer 6 \$ \$ \$ \$ \$ \$ \$ | Total Expende \$ \$ \$ \$ \$ \$ \$ \$ |
| no e you stege xxper | expenditures expenditures, inclusives per each emiditure Categories Meals and Bever Lodging Advertising Travel Gifts | uding campa. sny public off ployer you recrages | ign contribution icial, employe present. Com Employer 1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | ons, mark here: e or member of plete and attach Employer 2 \$ \$ \$ \$ \$ \$ \$ | his or her immee of Schedule A to to Employer 3 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | diate family, list his report. Employer 4 \$ \$ \$ \$ \$ \$ \$ \$ \$ | the amounts sp Employer 5 \$ \$ \$ \$ | ent in each of t Employer 6 \$ \$ \$ \$ \$ \$ | Total Expende \$ \$ \$ \$ \$ \$ |

ontinued on page 2