JAN 1 0 2022

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Activity Report Form

2021-03

West Virginia Ethics Commission

Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301

304-558-0664 For office use only: No faxed copies

Postmark __

Days late _

Rec'd

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

| 1. Na | ame and co | ontact information | | | | | | | | |
|-------------------------------|----------------------------------------------------------------|------------------------|-----------------|------------------|-------------------|----------------------------|------------------|------------------|-----------------------------------------|--|
| Name Stacey Ruckle | | | | | | Phone 304-344-3557 | | | | |
| Address 501 Leon Sullivan Way | | | | | | Email sruckle@wvaflcio.org | | | | |
| Addres | 3 | | , | | | Cilian _ | | <u> </u> | | |
| | | | | | | | | | | |
| Ċity, St | ate Zip C | harleston WV | 25301 | | | | | | | |
| | | | | | | | | | 11, 10, 10, 10, 10, 10, 10, 10, 10, 10, | |
| 2. Re | porting pe | eriod for which this | activity report | t is being filed | | | | | | |
| Check | Report Period Due Date | | | | | | | | | |
| X | 2021-3 | 9/1/21-12/31/21 | 1/17/22 | | Ph. 215.00 | * 37 | | | | |
| | | | | ₩. | | A Control | | | | |
| | | | | L | And the second of | the managed and | | | | |
| 3. Lis | st all emplo | oyers/organizations | that you repr | esent as a lobb | yist | Us | e additional rep | orting forms i | f necessary. | |
| West Virginia AEL CIO | | | | | | | | | | |
| 1. | 1. VVest Virginia AFE-CIO 4. | | | | | | | | | |
| 2. | | | | | 5 | | | | | |
| 3. | | | | | 6 | | | | | |
| | | | | | | | | | | |
| 4. Lo | hhving act | ivity summary - If th | nore was no a | ctivity or eyner | ditures indicate | e "none " | | | | |
| | | ivity summary - ii ti | iere was no a | ctivity of exper | iditales, maicat | e none. | | | | |
| None | 9 | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | - | | | | | | | | | |
| 5. Ex | penditure | S | | | | | | | | |
| If no ex | penditure | s, including campaig | n contributio | ns, mark here: | | | | | | |
| | | y on any public office | | | his or her immed | diate family, list | the amounts sp | ent in each of t | he following | |
| catego | ries per ead | ch employer you rep | resent. 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 | |
| Α. | Meals and | Beverages | \$0 | \$ | \$ | \$ | \$ | \$ | \$0 | |
| B. | Lodging | | \$0 | \$ | \$ | \$ | \$ | \$ | \$0 | |
| C. | Advertisir | ng | \$0 | \$ | \$ | \$ | \$ | \$ | \$0 | |
| D. | Travel | | \$0 | \$ | \$ | \$ | \$ | \$ | \$0 | |
| E. | Gifts | | \$0 | \$ | \$ | \$ | \$ | \$ | \$0 | |
| F. | Other Exp | enses | \$0 | \$ | \$ | \$ | \$ | \$ | \$0 | |
| G. | Group Ex | penditures | \$0 | \$ | \$ | \$ | \$ | \$ | \$0 | |
| H. | Campaign Contributions LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. | | | | | | | | \$0 | |
| 1. | TOTAL of | all expenditures | \$0 | \$ | \$ | \$ | \$ | \$ | \$0 | |

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.