Received

**West Virginia Ethics Commission** 

## Lobbyist Activity Report Form<sup>6</sup> 2022

2022-01

W Ethics Commission

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

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

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

|                |             | , , ,               |                                       |                    | ate (\$250 max)                        |                                | , ,              |                                       | 47110          |  |  |  |
|----------------|-------------|---------------------|---------------------------------------|--------------------|--|--------------------------------|------------------|---------------------------------------|----------------|--|--|--|
| 1. N           | ame and o   | contact information | n                                     |                    |  |                                |                  |                                       |                |  |  |  |
| Name Karan May |             |                     |                                       |                    |  | Phone 3043568774               |                  |                                       |                |  |  |  |
| Addres         | , 125 E     | agle Rock D         | rive                                  |                    |  | Email karan.may@sierraclub.org |                  |                                       |                |  |  |  |
|                |             | Alum Creek,         |                                       | 3                  |  | -                              |                  |                                       |                |  |  |  |
| Re             | porting pe  | eriod for which thi | s activity repo                       | ort is being filed |  |                                |                  |                                       |                |  |  |  |
| neck           | Report      | Period              | Due Date                              |                    | ^                                      |                                |                  |                                       |                |  |  |  |
| x              | 2022-1      | 1/1/22-4/30/22      | 5/16/22                               |                    |  | 1.                             |                  |                                       |                |  |  |  |
|                |             |                     |                                       |                    | ** - * * * * * * * * * * * * * * * * * |                                |                  |                                       |                |  |  |  |
|                |             |                     |                                       | 11. 77.            | 11                                     |                                |                  |                                       |                |  |  |  |
| Lis            | t all emplo | yers/organization   | s that you re                         | present as a lob   | bvist                                  | L                              | lse additional r | eporting forms                        | if necessary.  |  |  |  |
|                | Sierra (    |                     |                                       |                    |  |                                |                  |                                       |                |  |  |  |
| ***            |             |                     |                                       |                    |  |                                |                  |                                       |                |  |  |  |
| 2              |             |                     |                                       |                    | 5                                      |                                |                  |                                       |                |  |  |  |
| 3              |             |                     |                                       |                    | 6                                      |                                |                  |                                       |                |  |  |  |
|                |             |                     |                                       |                    |  |                                |                  |                                       |                |  |  |  |
| Lob            | bying acti  | vity summary - If   | here was no                           | activity or eyne   | nditures indicat                       | e "none "                      |                  | , , , , , , , , , , , , , , , , , , , |                |  |  |  |
|                |             |                     |                                       |                    |  |                                | 1/- 1- 1/-       | 6 14/1                                | ^              |  |  |  |
| lice           | VISITS      | during session      | on; campa                             | ign contrib        | utions (\$10                           | monthly to                     | Kayla You        | ing for vv v                          | )              |  |  |  |
|                |             |                     |                                       |                    |  |                                |                  |                                       |                |  |  |  |
|                |             |                     |                                       |                    |  |                                |                  |                                       |                |  |  |  |
|                |             |                     |                                       |                    |  |                                |                  |                                       |                |  |  |  |
| Exp            | enditures   |                     | , , , , , , , , , , , , , , , , , , , |                    |  |                                |                  |                                       |                |  |  |  |
| ехр            | enditures,  | including campai    | gn contributio                        | ns, mark here:     |  |                                |                  |                                       |                |  |  |  |
| u spe          | nt money    | on any public offi  | cial, employee                        | or member of       | his or her immed                       |                                | the amounts sp   | ent in each of                        | the following  |  |  |  |
|                | re Catego   |                     | Employer 1                            | Employer 2         | Employer 3                             | Employer 4                     | Employer 5       | Employer 6                            | Total Expended |  |  |  |
|                |             | Pavaragas           |                                       | c                  | ė.                                     | e e                            | c                | c                                     | ć              |  |  |  |

| Expenditure Categories |                           | Employer 1 | Employer 2 | Employer 3 | Employer 4 | Employer 5 | Employer 6 | Total Expended |
|------------------------|---------------------------|------------|------------|------------|------------|------------|------------|----------------|
| A.                     | Meals and Beverages       | \$         | \$         | \$         | \$         | \$         | \$         | \$             |
| В.                     | Lodging                   | \$         | \$         | \$         | \$         | \$         | \$         | \$             |
| C.                     | Advertising               | \$         | \$         | \$         | \$         | \$         | \$         | \$             |
| D.                     | Travel                    | \$         | \$         | \$         | \$         | \$         | \$         | \$             |
| E.                     | Gifts                     | \$         | \$         | \$         | \$         | \$         | \$         | \$             |
| F.                     | Other Expenses            | \$         | \$         | \$         | \$         | \$         | \$         | \$             |
| G.                     | Group Expenditures        | \$         | \$         | \$         | \$         | \$         | \$         | \$             |
| H.                     | Campaign Contributions    | LIST AMOUN |            | \$30       |            |            |            |                |
|                        | 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. attach a Schedule B for each event.