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West Virginia Ethics Commission

By Ethics Commission at 3:42 pm, May 12, 2022

Lobbyist Activity Report Form 2022-01

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

304-558-0664 For office use only:

No faxed copies

Late	reporting f	ine - \$10 per busi	ness day pa	num) Days late	underst don't to	Fine	Committee of the commit												
1. 1	Name and co	ontact information					1 per 11												
Name	Julie S	hafer		Phone 615-785-1702															
Address 30400 Van Dyke Avenue						Email julie.shafer@gm.com													
6th Floor						Email Julio Strater & grit.com													
			000																
City, S	State Zip V	Varren, MI 48	093																
		11,125-2, 27, 27, 27, 27, 27	101 (2.09)		La Previo Sago de														
2. Reporting period for which this activity report is being filed																			
Check		Period	Due Date	_			THE PERSON												
X	2022-1	1/1/22-4/30/22	5/16/22	_															
				-		200													
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.																			
1. General Motors LLC																			
2.																			
3																			
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none." Matters affecting the automotive manufacturing industry.																			
5. Expenditures																			
	·	including campaig	n contributio	ns mark here															
		on any public office				diate family list:	the amounts on	ant in each of	sha fallawita										
catego	ries per each	emplover vou rep	resent. Com	olete and attach	Schedule A to t	his report.	the amounts sp	ent in each or	the following										
categories per each employer you represent. Complete and attach Schedule Expenditure Categories Employer 1 Employer 2 Employer 3 Employer 4 Employer 5 Employer 6 Employer 7 Employer 8 Employer 9 Employer 9						Employer 4	Employer 5	Employer 6	Total Expended										
Α.	Meals and		\$0	S	\$	\$	\$	\$	\$0										
В.	Lodging		\$0	\$	\$	\$	\$	\$	\$0										
C.	Advertising		\$0	\$	\$	\$	\$	\$	\$0										
D.	Travel		\$0	\$	\$	\$	\$	\$	\$0										
Ε.	Gifts		\$0	\$	\$	\$	\$	\$	\$0										
	Other Expe	nses	\$0	\$	\$	\$	\$	\$	\$0										
S.	Group Expe	enditures	\$0	\$	\$	\$	\$	\$	\$0										
4.			LIST AMOUN	T IN "TOTAL EX	PENDED" COLU	MN.			\$0										
			\$0	\$	\$	\$	\$	S	\$0										
	nonsored or	contributed to any		or shared expe				rediately above											

attach a Schedule B for each event.