RECEIVED

By Ethics Commission at 10:21 am, Aug 15, 2022

West Virginia Ethics Commission

Lobbyist Activity Report Form

2022-02

West Virginia Ethics Commission Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301 304-558-0664

For office use only: Postmark

Days late

No faxed copies

Rec'd

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

Name	
Address 1124 Shamrock Rd Email mcrist@wvba.com City, State Zip Charleston, WV 25314 2. Reporting period for which this activity report is being filed Check Report Period Due Date	
City, State Zip Charleston, WV 25314 2. Reporting period for which this activity report is being filed Check Report Period Due Date	
2. Reporting period for which this activity report is being filed Check Report Period Due Date	
2. Reporting period for which this activity report is being filed Check Report Period Due Date	
Reporting period for which this activity report is being filed Check Report Period Due Date	
Check Report Period Due Date	
Check Report Period Due Date	
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.	
W/V Prondeneters Assa	
1. WV Broadcasters Assn 4.	
2 5	
3 6	
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."	
NONE NONE	
5. Expenditures	
If no expenditures, including campaign contributions, mark here:	
If you spent money on any public official, employee or member of his orxxher 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.	
Expenditure Categories Employer 1 Employer 2 Employer 3 Employer 4 Employer 5 Employer 6 Total Expen	ded
A. Meals and Beverages \$ \$ \$ \$ \$	
B. Lodging \$ \$ \$ \$ \$ \$	
C. Advertising \$ \$ \$ \$ \$ \$	
D. Travel \$ \$ \$ \$ \$ \$	
E. Gifts \$ \$ \$ \$ \$ \$	
F. Other Expenses \$	
H. Campaign Contributions LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. S \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
I. TOTAL of all expenditures \$ \$ \$ \$ \$ \$ \$ \$ \$	

attach a Schedule B for each event.