AUG 2 4 2022

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Activity Report Form

2022-02

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

| | ame and contact information | | | | | | | |
|--|--|--|--|---|---|---------------------------------|------------------------------------|---|
| Name | Patricia Hamilton | | Phone 3044150192 | | | | | |
| Address 9 South Gate Rd. | | | | | Email patti@imaginewvllc.com | | | |
| Addi C | 33 | | | | Cilian <u>I</u> | | | |
| City, S | tate Zip Charleston, W | V 25314 | | | | | | |
| 2. R | eporting period for which this | activity report | is being filed | | | | | |
| Check | | Due Date | is being med | | | T | | |
| X | 2022-2 5/1/22-8/31/22 | 9/15/22 | | | | | | |
| - | 3,2,223,22 | 5,-5,- | | | | | | |
| | | | | | | | | |
| 3. Li | ist all employers/organization | s that you repr | esent as a lobb | yist | Use | additional rep | orting forms i | f necessary. |
| | H2C Stragios Strategies 4. | | | | | | | |
| | | | 2 | - 4 | | | | |
| 2 | WV County Clerks' | ASSOCIATION | 1 | 5 | | | | |
| 3 | | | | 6 | | | | |
| | | | | | | | | |
| 4. L | obbying activity summary - If | there was no a | ctivity or eypen | ditures indicate | "none" | | | |
| | | triere was no a | ctivity of exper | ultures, mulcati | i ilone. | | | |
| mon | itored interims | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| ***** | xpenditures | | | | | | | |
| If no e | expenditures, including campa | | | | | | | |
| <i>If no e</i> | expenditures, including campa spent money on any public off | icial, employee | or member of | | | the amounts sp | ent in each of t | the following |
| If no e | expenditures, including campa spent money on any public off pries per each employer you re | icial, employee present. Comp | or member of plete and attach | Schedule A to t | nis report. | | | |
| If no e If you catego Expen | expenditures, including campa spent money on any public off ories per each employer you re aditure Categories | ricial, employee present. Comp Employer 1 | or member of plete and attach Employer 2 | Schedule A to t Employer 3 | nis report. Employer 4 | Employer 5 | Employer 6 | Total Expended |
| If no e If you catego Expen A. | expenditures, including campa spent money on any public off ories per each employer you re aditure Categories Meals and Beverages | ricial, employee present. Comp Employer 1 \$ 0 | or member of plete and attach Employer 2 | Schedule A to t Employer 3 \$ | Employer 4 | Employer 5 | Employer 6 | Total Expended |
| If you catego Expend. B. | expenditures, including campa spent money on any public off ories per each employer you re aditure Categories Meals and Beverages Lodging | icial, employee present. Comp Employer 1 \$ 0 \$0 | or member of plete and attach Employer 2 \$ \$ | Schedule A to t Employer 3 \$ \$ | Employer 4 \$ | Employer 5 | Employer 6 | Total Expended \$ |
| If no e If you catego Expen A. B. C. | expenditures, including campa spent money on any public off ories per each employer you re aditure Categories Meals and Beverages Lodging Advertising | icial, employee present. Comp Employer 1 \$ 0 \$0 \$0 | or member of blete and attach Employer 2 \$ \$ \$ \$ | Schedule A to t Employer 3 \$ \$ \$ \$ | Employer 4 \$ \$ \$ \$ | Employer 5 \$ \$ \$ | Employer 6 \$ \$ \$ | Total Expended \$ \$ \$ |
| If no ellipse If you categor Expendent A. B. C. D. | expenditures, including campa spent money on any public off ories per each employer you re aditure Categories Meals and Beverages Lodging Advertising Travel | icial, employee present. Comp Employer 1 \$ 0 \$0 \$0 \$0 | or member of plete and attach Employer 2 \$ \$ \$ \$ \$ \$ | Schedule A to t Employer 3 \$ \$ \$ \$ \$ | Employer 4 \$ \$ \$ \$ \$ \$ \$ | Employer 5 \$ \$ \$ \$ | Employer 6 \$ \$ \$ \$ | Total Expended \$ \$ \$ \$ \$ |
| If no e If you catego Expen A. B. C. D. | expenditures, including campa spent money on any public off ories per each employer you re iditure Categories Meals and Beverages Lodging Advertising Travel Gifts | icial, employee present. Comp Employer 1 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 | or member of plete and attach Employer 2 \$ \$ \$ \$ \$ | Schedule A to t Employer 3 \$ \$ \$ \$ \$ \$ | Employer 4 \$ \$ \$ \$ \$ \$ \$ \$ | Employer 5 \$ \$ \$ \$ \$ \$ | Employer 6 \$ \$ \$ \$ \$ \$ \$ | Total Expended \$ \$ \$ \$ \$ \$ \$ |
| If no e If you catego Expen A. B. C. D. E. | expenditures, including campa spent money on any public off pries per each employer you re iditure Categories Meals and Beverages Lodging Advertising Travel Gifts Other Expenses | icial, employee present. Comp Employer 1 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 | or member of plete and attach Employer 2 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | Schedule A to t Employer 3 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | Employer 4 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | Employer 5 \$ \$ \$ \$ \$ \$ \$ | Employer 6 \$ \$ \$ \$ \$ \$ \$ \$ | Total Expended \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| If no e If you catego Expen A. B. C. D. E. F. | expenditures, including campa spent money on any public off ories per each employer you re aditure Categories Meals and Beverages Lodging Advertising Travel Gifts Other Expenses Group Expenditures | icial, employee present. Comp Employer 1 \$ 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | or member of plete and attach Employer 2 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | Schedule A to t Employer 3 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | Employer 4 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | Employer 5 \$ \$ \$ \$ \$ \$ | Employer 6 \$ \$ \$ \$ \$ \$ \$ | Total Expended \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| If no e If you catego Expen A. B. C. D. E. F. | expenditures, including campa spent money on any public off pries per each employer you re iditure Categories Meals and Beverages Lodging Advertising Travel Gifts Other Expenses | icial, employee present. Comp Employer 1 \$ 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | or member of plete and attach Employer 2 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | Schedule A to t Employer 3 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | Employer 4 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | Employer 5 \$ \$ \$ \$ \$ \$ \$ | Employer 6 \$ \$ \$ \$ \$ \$ \$ \$ | Total Expended \$ \$ \$ \$ \$ \$ \$ \$ \$ |