## **RECEIVED**

By Ethics Commission at 2:16 pm, Sep 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

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

Charleston, WV 25301
304-558-0664

For office use only:
Postmark \_\_\_\_\_\_ Rec'd \_\_\_\_
Days late \_\_\_\_\_ Fine \_\_\_\_\_

1. Name and contact information										
Name Ashley Mullins						Phone 8	Phone 850-391-4200			
Address PO Box 10691							Email stateoutreach@excelined.org			
EmailEmailEmail										
City, State Zip Tallahassee, FL 32302										
City, State Zip Turidi 100000, 1 E 02002										
2. Reporting period for which this activity report is being filed  Check Report Period Due Date										
X	2022-2	<b>Period</b> 5/1/22-8/31/22	<b>Due Date</b> 9/15/22				-		_	
	10222	3/2/22 0/31/22	3/13/22				-			
3. List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary.										
1. Excellence in Education National, Inc., d/b/a Excellence in Education in Action										
14.										
2 5										
3 6										
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
early literacy and CCP										
Early Interacy and OOF										
5. Expenditures										
If no expenditures, including campaign contributions, mark here:  If you spent money on any public official, employee or member of his or her immediate family, list the amounts spent in each of the following										
							the amounts sp	ent in each of t	the following	
categories per each employer you represent. Complete and attach Schedule A to this report.										
A.	penditure Categories		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
B.		Meals and Beverages		\$	\$	\$	\$	\$	\$	
C.	Lodging Advertising		\$	\$	\$	\$	\$	\$	\$	
D.	Travel		\$	\$	\$	\$		\$	\$	
E.	Gifts		\$	\$	\$	\$	\$	\$	\$	
F.	Other Expe	ncec	\$	\$	\$	7	7	\$	\$	
G.			\$	\$	\$	\$	\$	\$	\$	
Н.				IST AMOUNT IN "TOTAL EXPENDED" COLUI			\$	\$	\$	
1.	TOTAL of all expenditures		\$ \$ \$				C.	4	\$	
I.     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. Complete a									\$	
attach a Schedule B for each event.										
Continued on page 2										