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By Ethics Commission at 2:27 pm, Sep 15, 2022

West Virginia Ethics Commission

Name and contact information

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				Phone						
Address						Email				
City, S	City, State Zip									
2. R	Reporting period for which this activity report is being filed									
Check	Report	Period	Due Date							
X	2022-2	5/1/22-8/31/22	9/15/22							
				_		_				
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.										
1	·									
1.	·				4·					
2.	·				5					
3.					6.					
	3 6									
4 1	- - - - - - - - - - - - - -	:.:		-41:-14:		- (())				
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
5. E	xpenditures	•								
	•	s, including campa	ian contributio	ns mark here:						
		y on any public off				diate family list	the amounts sn	ent in each of t	the following	
		ch employer you re					ine amounts sp	che in cach or i	ine ronowing	
	diture Categ		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
Α.	_	d Beverages	\$	\$	\$	\$	\$	\$	\$	
В.	Lodging		\$	\$	\$	\$	\$	\$	\$	
C.	Advertisin	g	\$	\$	\$	\$	\$	\$	\$	
D.	Travel		\$	\$	\$	\$	\$	\$	\$	
E.	Gifts		\$	\$	\$	\$	\$	\$	\$	
F.	Other Exp	enses	\$	\$	\$	\$	\$	\$	\$	
G.	Group Exp	penditures	\$	\$	\$	\$	\$	\$	\$	
Н.	Campaign	Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.						\$	
I.	TOTAL of	all expenditures	\$	\$	\$	\$	\$	\$	\$	
If you	If you sponsored or contributed to any group event or shared expenses, list the total expended in category 5G immediately above. Complete and									
attach a Schedule B for each event.										

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1. N	ame and contact information										
Name Phone											
Address Email											
710010											
City, State Zip											
2. Reporting period for which this activity report is being filed											
Check		Due Date	is semigrined								
Х	2022-2 5/1/22-8/31/22	9/15/22	-								
		3, 13, 11									
			1								
						1		<u>'</u>			
3. Li	3. List all employers/organizations that you represent as a lobbyist										
1.				4							
2.	·			5							
3.	3 6										
4. Lo	obbying activity summary - If	there was no a	ctivity or expen	ditures. indicate	e "none."						
	, , , , , , , , , , , , , , , , , , , ,		, , , , , ,	,							
5. E	xpenditures										
	xpenditures, including campo	ian contributio	ns. mark here:								
	spent money on any public of				liate family list t	he amounts sn	ent in each of t	he following			
	ories per each employer you re					ine amounts sp	circ iii cacii oi i	are ronowing			
								Total Expended			
Α.	Meals and Beverages	\$	\$	\$	\$	\$	\$	\$			
В.	Lodging	\$	\$	\$	Ś	\$	\$	\$			
C.	Advertising	\$	\$	\$	Ś	\$	\$	\$			
D.	Travel	\$	\$	Ś	Ś	Ś	\$	\$			
E.	Gifts	\$	\$	\$	\$	\$	\$	\$			
F.	Other Expenses	\$	\$	Ś	Ś	Ś	Ś	\$			
G.	Group Expenditures	Ś	Ś	\$	Ś	Ś	\$	Ś			
H.	Campaign Contributions	т	т	⊥	т	1 T		\$			
I.	TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$			
	If you conserved as contributed to any group event or chared expenses list the total expended in entergrap EC immediately charge. Complete and										

attach a Schedule B for each event.