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By Ethics Commission at 9:29 am, Jan 13, 2023

West Virginia Ethics Commission

Lobbyist Activity Report Form

2022-03

West Virginia Ethics Commission
Attn: Lobbyist Registrar
210 Brooks St., Ste. 300
Charleston, WV 25301
304-558-0664
For office use only:
Postmark ______ Rec'd____
Days late _____ Fine _____

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

1. Name and contact information										
Name Mary Cook						Phone 304-444-2243				
Address 602 Virginia Street East						ma	mary.cook@vertxpartners.org			
Address OOZ VIIGIIIA Olicet Last										
City, State Zip Charleston, WV 25301										
2. Reporting period for which this activity report is being filed										
Check	Report	Period	Due Date				-	e control .		
X	2022-3	9/1/22-12/31/22	1/17/23							
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.										
1. Vertx Partners										
25										
£-										
3 6										
4. Lobbying activity summary - If there was no activity or expenditures, indicate "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 or her 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 Expended	
A.	Meals and Beverages		\$0	\$	\$	\$	\$	\$	\$	
В.	Lodging		\$0	\$	\$	\$	\$	\$	\$	
C.	Advertising		\$0	\$	\$	\$	\$	\$	\$	
D.	Travel		\$0	\$	\$	\$	\$	\$	\$	
E.	Gifts		\$0	\$	\$	\$	\$	\$	\$	
F.	Other Expenses		\$0	\$	\$	\$	\$	\$	\$	
G.	Group Expenditures		\$0	\$	\$	\$	\$	\$	\$	
H.	Campaign	Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.						\$	
I.		all expenditures	\$ 0	\$	\$	\$	\$	\$	\$	
		or contributed to an	y group event	or shared expe	nses, list the tot	al expended in c	ategory 5G imr	nediately abov	e. Complete and	
attach a Schedule B for each event.										