## **RECEIVED**

West Virginia Ethics Commis

By Ethics Commission at 11:15 am, Jan 11, 2023

## **Lobbyist Activity Report Form**

2022-03

est 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

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

1. Name and contact information									
Name Robert C. Kimes					Phone 304-345 - 4711				
Address 400 Allen DR.					Email Kimesyoh @ yahoo. com				
Suite 20						Kimicsi	UNE YM	nuo. com	
at a manage that a second									
City, State Zip Charleston, WV 25302									
2. Reporting period for which this activity report is being filed									
Chec	CO. DOVA, Profession 12 and Co.	Due Date							
х	2022-3 9/1/22-12/31/2	2 1/16/23							
					0.04.94.61				
3. I	3. List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary.								
1. WV Fineral Directors and Cremaby Operators Association -									
2 5									
3									
•									
4. Lobbying activity summary - If there was no activity or expanditures indicate ""									
4. Lobbying activity summary - If there was no activity or expenditures, indicate "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									
A.	Meals and Beverages	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
В.	Lodging	\$	\$	\$	\$	\$	\$	\$	
C.	Advertising		\$	\$	\$	\$	\$	\$	
D.	Travel	\$	\$	\$	\$	\$	\$	\$	
E.	Gifts	\$	\$	\$	\$	\$	\$	\$	
F.		\$	\$	\$	\$	\$	\$	\$	
	Other Expenses	\$	\$	\$	\$	\$	\$	\$	
G.	Group Expenditures	\$	\$	\$	\$	\$	\$	\$	
H.	Campaign Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.							
1.	TOTAL of all expenditures	\$	Ś	Ś	\$	¢	ć	ė	

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.