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By Ethics Commission at 12:03 pm, Dec 28, 2022

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 _____

Days late _

No faxed copies

Rec'd

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

1. Name and contact information										
Name						Phone				
						Email				
Address E										
City, State Zip										
2. Describes and of faculty the state are stated for the state of the										
	2. Reporting period for which this activity report is being filed									
Check	+ •	Period	Due Date	-		_				
Х	2022-3	9/1/22-12/31/22	1/16/23	-		_				
				-						
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.										
1	1									
1.	1 4									
2.	2 5									
3.	3. 6.									
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			Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
A.	Meals and		\$	\$	\$	\$	\$	\$	\$	
B.	Lodging		\$	\$	\$	\$	\$	\$	\$	
C.	Advertising	3	\$	\$	\$	\$	\$	\$	\$	
D.	Travel		\$	\$	\$	\$	\$	\$	\$	
E.	Gifts		\$	\$	\$	\$	\$	\$	\$	
F.	Other Expe	enses	\$	\$	\$	\$	\$	\$	\$	
G.	Group Exp	enditures	\$	\$	\$	\$	\$	\$	\$	
Н.	Campaign	Contributions								
I.	TOTAL of a	all expenditures	\$	\$	\$	\$	\$	\$	\$	
If you	If you spansared 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.