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By Ethics Commission at 9:16 am, Jan 03, 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
No faxed copies
For office use only:

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Postmark

Days late

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

| 1. Name and contact information  |  |            |                       |                |  |                          |            |   |  |
|--|--|------------|-----------------------|----------------|--|--------------------------|------------|---|--|
| Name THOMAS J. STEVENS   |  |            |                       |                | Phone  | Phone 304-344-8466       |            |   |  |
| Address CAPITOL STATION  |  |            |                       |                |  | Email STEVENSGRS@AOL.COM |            |   |  |
| POB 5008   |  |            |                       |                |  |                          |            | *************************************** |  |
| City, State Zip CHARLESTON, WV 25361   |  |            |                       |                |  |                          |            |   |  |
| 2. Describe a said for which this said to said |  |            |                       |                |  |                          |            |   |  |
| 2. Reporting period for which this activity report is being filed  |  |            |                       |                |  | 1                        | 1          | т                                       |  |
| Check  |  | Due Date   |                       |                | The state of   |                          |            |   |  |
| х  | 2022-3 9/1/22-12/31/2  | 2 1/16/23  |                       |                |  | _                        |            |   |  |
|  | 1  |            |                       |                |  | _                        |            |   |  |
|  |  |            | and the second second |                |  |                          |            |   |  |
| 3. L   | 3. List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary. |            |                       |                |  |                          |            |   |  |
| 1. 3M COMPANY 4  |  |            |                       |                |  |                          |            |   |  |
| 2  | 2  |            |                       |                |  |                          |            |   |  |
|  |  |            |                       |                |  |                          |            |   |  |
| 3 6  |  |            |                       |                |  |                          |            |   |  |
|  |  |            |                       |                |  |                          |            |   |  |
| 4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."  |  |            |                       |                |  |                          |            |   |  |
| MOTOR VEHICLE TRAFFIC SAFELY   |  |            |                       |                |  |                          |            |   |  |
|  |  |            |                       |                |  |                          |            |   |  |
|  |  |            |                       |                |  |                          |            |   |  |
|  |  |            |                       |                |  |                          |            |   |  |
| 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.   |  |            |                       |                |  |                          |            |   |  |
|  | diture Categories  | Employer 1 | Employer 2            | Employer 3     | Employer 4   | Employer 5               | Employer 6 | Total Expended                          |  |
| Α.   | Meals and Beverages  | \$         | Ś                     | \$             | \$   | \$                       | \$         | \$                                      |  |
| В.   | Lodging  | \$         | \$                    | \$             | \$   | \$                       | \$         | \$                                      |  |
| C.   | Advertising  | \$         | \$                    | \$             | \$   | \$                       | \$         | \$                                      |  |
| D.   | Travel   | \$         | \$                    | \$             | \$   | \$                       | \$         | \$                                      |  |
| E.   | Gifts  | \$         | \$                    | \$             | \$   | \$                       | \$         | \$                                      |  |
| F.   | Other Expenses   | \$         | \$                    | \$             | \$   | \$                       | \$         | \$                                      |  |
| G.   | Group Expenditures   | Ś          | Ś                     | \$             | Ś  | \$                       | \$         | \$                                      |  |
| Н.   | Campaign Contributions   |            | T IN "TOTAL EX        | (PENDED" COLUI | A CONTRACTOR OF THE PARTY OF TH | Į v                      | 7          | \$                                      |  |
| 1.   | TOTAL of all expenditures  | Ś          | Ś                     | \$             | Ś  | \$                       | ¢          | ¢                                       |  |
| 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.  |  |            |                       |                |  |                          |            |   |  |

ed of [ . ]

Lobbyist Name

THOMAS J. STEVENS

6. Total of all expenditures from line 5-I. (on page 1)

7. Lobbyist certification – Please read and sign below.

To the best of my knowledge, the information contained hereon and on any attached materials is true, correct and complete. I understand that it is a violation of WV Code §6B-3-9 to willfully and knowingly file a false or incomplete report. I further understand that if convicted of such an act, I may be fined, sentenced to jail or both.

Lobbyist Signature:

Date: 12/29/2022