WY Ethics Commission

MAY 4 2023

Received

West Virginia Ethics Commission

Lobbyist Activity Report Form

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: Postmark. Rec'd_ Days late

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

1. Name and contact information									
Name Daniel T. Lattanzi					Phone 304-941-9222				
Address 608 Tennessee Ave					Empli d	Email dlattanzi@iuoe132.org			
YARRIGIS EMBII AND INC. INC. INC. INC. INC. INC. INC. INC.									
City, State Zip Charleston, WV 25302									
2. Reporting period for which this activity report is being filed									
Check		Due Date	ECT TO						
×	2023-01 1/1/23-4/30/23	5/15/23	1000						
			LE HISTORY		HANNE L				
					1700				
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.									
	IIIOE 132								
2 S									
3	36								
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."									
None									
5. Expenditures if no expenditures, including campaign contributions, mark here:									
					dinan family, line	·		1	
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	
A.	Meals and Beverages	\$	\$	\$	\$	\$	\$	\$	
В.	Lodging	\$	\$	\$	\$	\$	\$	\$	
C.	Advertising	\$	\$	\$	\$	\$	\$	S	
D.	Travel	\$	\$	\$	\$	\$	S	\$	
E.	Gifts	\$	\$	\$	\$	\$	\$	\$	
F.	Other Expenses	\$	\$	\$	\$	\$	\$	\$	
G.	Group Expenditures	\$	\$	\$	\$	\$	\$	\$	
H.	Campaign Contributions	LIST AMOUN	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.						
l.	TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$	
If you	sponsored or contributed to a	ny group event	or shared expe	nses, list the tot	al expended in c	ategory 5G imn	nediately above	e. Complete and	
attach a Schedule B for each event.									

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