## **West Virginia Ethics Commission**

Name and contact information

## **Lobbyist Activity Report Form**

2024-1

West Virginia Ethics Commission Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301

By WV Ethics Commission at 3:19 pm, May 15, 2024

	304-558-0664	No faxed copies
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KECEIV	ED office use only:	Rec'd

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

Name Hannah Hutson					Phone 205-451-9954			
Address 105 Silver Maple Ridge, Apt 11				Email hhutson@dgoc.com				
City,	State Zip Charleston, WV 2	25306						
2. F	Reporting period for which this	activity repor	t is being filed					
Check	Report Period	Due Date						
х	2024-1 1/1/24-4/30/24	5/15/2024	1					
3. l	ist all employers/organization	ıs that you repi	esent as a lobb	yist	Use	e additional rep	orting forms i	f necessary.
	Diversified Energy			Δ				
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3	·			6				
4. l	obbying activity summary - If	there was no a	ctivity or exper	nditures, indicat	e "none."			
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5. E	e.				e "none."			
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5. If no a	e.  Expenditures  expenditures, including campa	<i>ign contributio</i> ficial, employee	ns, mark here:	his or her imme	diate family, list t	he amounts sp	ent in each of t	he following
5. If you categ	expenditures expenditures, including campa spent money on any public of	<i>ign contributio</i> ficial, employee	ns, mark here:	his or her imme	diate family, list t	he amounts sp	ent in each of t	he following  Total Expended
5. If you categ	Expenditures expenditures, including campa spent money on any public off ories per each employer you re	<i>ign contributio</i> ficial, employee present. Comp	<i>ns, mark here:</i> or member of olete and attach	his or her immed	diate family, list t		ı	
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5. If no contact the second se	expenditures expenditures, including campa spent money on any public off ories per each employer you re diture Categories Meals and Beverages	ign contributio ficial, employee epresent. Comp Employer 1	ns, mark here: or member of blete and attach Employer 2	his or her immed Schedule A to t Employer 3	diate family, list t his report. Employer 4	Employer 5	Employer 6	Total Expended
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5. If you categ Exper A. B. C.	expenditures expenditures, including campa spent money on any public off ories per each employer you re diture Categories Meals and Beverages Lodging Advertising	ign contributio ficial, employee epresent. Comp Employer 1 \$ \$	ns, mark here: or member of plete and attach Employer 2 \$ \$ \$	his or her immed Schedule A to t Employer 3 \$ \$	diate family, list this report.  Employer 4  \$ \$ \$	Employer 5 \$ \$ \$	Employer 6 \$ \$ \$	Total Expended \$ \$ \$
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