

**West Virginia Ethics Commission**  
**Lobbyist Activity Report Form**  
 2024-01

West Virginia Ethics Commission  
 Attn: Lobbyist Registrar  
 210 Brooks St., Ste. 300  
 Charleston, WV 25301  
 304-558-0664

No faxed copies

**RECEIVED**  
 By WV Ethics Commission at 1:44 pm, Apr 22, 2024

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

**1. Name and contact information**

Name Austin Meo Phone (202) 293-3050  
 Address One Dupont Circle NW Email ameo@ncaa.org  
Suite 310  
 City, State Zip Washington, DC 20036

**2. Reporting period for which this activity report is being filed**

Check	Report	Period	Due Date				
x	2024-1	1/1/24-4/32/24	5/15/24				

**3. List all employers/organizations that you represent as a lobbyist** *Use additional reporting forms if necessary.*

1. \_\_\_\_\_ 4. \_\_\_\_\_  
 2. \_\_\_\_\_ 5. \_\_\_\_\_  
 3. \_\_\_\_\_ 6. \_\_\_\_\_

**4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."**

wrote a letter regarding WV HB 4700, which was sent to Delegate Fluharty and distributed to the WV House of Delegates. Delegate Fluharty and I also had some email correspondence with Delegate Fluharty.

**5. Expenditures**

If no expenditures, including campaign contributions, mark here:  X

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 Beverages	\$	\$	\$	\$	\$	\$	\$
B. Lodging	\$	\$	\$	\$	\$	\$	\$
C. Advertising	\$	\$	\$	\$	\$	\$	\$
D. Travel	\$	\$	\$	\$	\$	\$	\$
E. Gifts	\$	\$	\$	\$	\$	\$	\$
F. Other Expenses	\$	\$	\$	\$	\$	\$	\$
G. Group Expenditures	\$	\$	\$	\$	\$	\$	\$
H. Campaign Contributions	<b>LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.</b>						\$
I. TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$

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.

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