## **West Virginia Ethics Commission**

## **Lobbyist Activity Report Form**

2024-2

Received

SEP 5 - 2024

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

304-558-0664

No faxed copies

1.	Name and co	ontact informatio	n						7,7,7	
Name John T. Epperly						Phone	Phone 304-346-1367			
Address 600 Leon Sullivan Way						Email johnepperly@wvsbt.org				
Address Email Journal State of the Control of the C										
		1 1 1 1000	35004		-decords Alphanists. Indicates	5/4				
City,	City, State Zip Charleston WV 25301									
			- Millioningly or brown Anadas Millionings - constr	والمرافق المستقدة والمستدين والمستدين	district the second sec		- A	* ************************************		
2. Reporting period for which this activity report is being filed										
Chec	k Report	Period	Due Date							
Х	2024-2	5/1/24-8/31/24	9/16/202	4		and the second s				
			and the same of th							
3.	3. List all employers/organizations that you represent as a lobbyist									
	W/V State Building & Construction Trades									
1	2 5									
;	36									
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
None										
,,	erriche. Sain en aparenne								•	
5. Expenditures										
If no	expenditures,	including campa	ign contributio	ns, mark here:						
		on any public of					the amounts sp	ent in each of	the following	
	are thoughty to add to harpway the behavior that	n employer you re		T	T					
Exper	Expenditure Categories		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
A.	Meals and	Beverages	\$	\$	\$	\$	\$	\$	\$	
B.	Lodging		\$	\$	\$	\$	\$	\$	\$	
C.	Advertising	An and an	\$	\$	\$	\$	\$	\$	\$	
D.	Travel	THE TOTAL COMMENT OF THE STATE	\$	\$	\$	\$	\$	\$	\$	
E.	Gifts	and the second s	\$	\$	\$	\$	\$	\$	\$	
F.	Other Expe	nses	\$	\$	\$	\$	\$	\$	\$	
G.	Group Expe	enditures	\$	\$	\$	\$	\$	\$	\$	
Н.	Campaign (	Campaign Contributions LIST AMOUNT IN "TOTAL EXPENDED" CO			(PENDED" COLU	MN.	AVAIGNATED IN		\$	
1. TOTAL of all expenditures			\$	\$	\$	\$	\$	\$	\$	
If vou	sponsored or	contributed to a	ny group event	or shared expe	nses, list the tot	al expended in c	ategory 5G imn	nediately above	. Complete and	

attach a Schedule B for each event.