

Received

SEP 10 2020

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Activity Report Form

2020-02

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 _____ Fine _____

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

1. Name and contact information

Name Larry Pack Jr. Phone 304-421-0373
 Business Address P.O. Box 41 Business Email lpack0373@gmail.com
 City, State Zip Pocahontas, WV 25161

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

| Check | Report | Period | Due Date | | | | |
|-------|--------|------------------|-----------|--|--|--|--|
| x | 2020-2 | 5/1/20 - 8/31/20 | 9/15/2020 | | | | |
| | | | | | | | |

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

1. Stonewise Healthcare LLC 4. EQT
 2. Cabell Huntington Hospital 5. Debusse North
 3. WV Beverage Assoc 6. The Healing Center

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

No activity, just campaign contributors

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.

| 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 | LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. | | | | | | \$ 5,750 |
| I. TOTAL of all expenditures | \$ | \$ | \$ | \$ | \$ | \$ | \$ 5,750 |

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.