

Received

JAN 05 2021

West Virginia Ethics Commission

# Lobbyist Activity Report Form

2020-03

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Registrar

210 Brooks St., Ste. 300

Charleston, WV 25301

304-558-0864

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 Ian Masters Phone 304-774-6772

Business Address P.O. Box 11371 Business Email imasters@wvethics.org

City, State Zip CHARLESTON, WV 25331-1371

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

Check	Report	Period	Due Date	
x	2020-3	9/1/20 - 12/31/20	1/15/2021	

### 3. List all employers/organizations that you represent as a lobbyist

*Use additional reporting forms if necessary.*

- West Virginia Citizens Defense League 4 \_\_\_\_\_
- \_\_\_\_\_ 4 \_\_\_\_\_
- \_\_\_\_\_ 5 \_\_\_\_\_

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

Outreach to legislators on our case  
No expenditures

### 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	<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.*