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By WV Ethics Commission at 3:25 pm, May 22, 2023

West Virginia Ethics Commission

Lobbyist Activity Report Form

2023-01

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 _____

Phone _____

Address _____

Email _____

City, State Zip _____

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

Check	Report	Period	Due Date				
x	2023-01	1/1/23-4/30/23	5/15/23				

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

Use additional reporting forms if necessary.

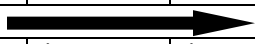
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

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

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. 						\$
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.

Continued on page 2



WV Lobbyist Payment Cover Sheet

Complete this sheet and **attach it** to your Lobbyist Registration Statement.

Lobbyist Name: _____

Mailing Address _____

City, State, Zip _____

Phone: (____)_____ Secondary phone: (____)_____

Email: _____

Mark as appropriate:

Amount:

A. Lobbyist registration fee of \$100.00 \$ _____

B. Each company or organization that you represent as a lobbyist requires payment of \$100.00 each.
List these names below:

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

5. _____ \$ _____

Total of all fees \$ _____

Would you like a receipt for payment? _____

Make checks or money orders payable to **WV Ethics Commission**

Payment by credit card

American Express Discover Master Card Visa

Credit Card # _____

Amount: \$ _____ Expiration date: ____/____ CVC Code: _____

Signature: _____

Send through U.S. Mail or Email to:

rachel.y.carpenter@wv.gov

WV Ethics Commission, Attn: Lobbyist Registrar, 210 Brooks Street, Suite 300, Charleston WV 25301

Phone: (304) 558-0664 or toll free (866) 558-0664