

Received

JAN 3 2024

West Virginia Ethics Commission

Lobbyist Activity Report Form

2023-03

WV Ethics Commission

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 Carol S. Fulke Phone (304) 549-3834
 Address PO Box 1347 Email Carol@wvethc.com
 City, State Zip Charleston WV 25305

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

| Check | Report | Period | Due Date | | | | |
|-------|--------|-----------------|----------|--|--|--|--|
| x | 2023-3 | 9/1/23-12/31/23 | 1/15/24 | | | | |
| | | | | | | | |

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

1. Fraternal Order of Police 4. WV Press Association
 2. Chiefs of Police 5. Southern WV CVB
 3. WV Breeders Classic 6. _____


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

local taxing regulations, FOIA issues, Pension issues, media/newspapers issues, gaming, horse racing, law enforcement

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 | \$ 00 | \$ 00 | \$ 00 | \$ 00 | \$ 00 | \$ 00 | \$ 00 |

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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