

Lobbyist Activity Report Form

2023-03

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

304-558-0664

No faxed copies

RECEIVED

Days late _____ Rec'd _____
 Fine _____

By WV Ethics Commission at 1:37 pm, Jan 16, 2024

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

1. Name and contact information

Name Juliet A. Terry Phone (304) 552-1567
 Address 1003 Valley Road Email juliet@jterryconsulting.com
 City, State Zip Charleston, WV 25302

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. Opportunity Solutions Project 7. Chemours 4. WV Licensed Professional Counselors Association
 2. Goodwill Industries of the Kanawha Valley 8. WV Energy Users Group 5. Wheeling Professional Firefighters Local 12
 3. Wheeling Health Right 9. WV Economic Development Council 6. Spilman Thomas & Battle 10. WV Consumer Finance Association
 11. Southwestern Energy

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

Advocacy for issues important to clients during interims sessions.

5. Expenditures

If no expenditures, including campaign contributions, mark here: X

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.