

Lobbyist Activity Report Form

2024-2

West Virginia Ethics Commission
 Attn: Lobbyist Registrar
 210 Brooks St., Ste. 300
 Charleston, WV 25301
 304-558-0664 No faxed copies

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

RECEIVED

By WV Ethics Commission at 2:57 pm, Sep 16, 2024

For office use only.

| | |
|-----------------|-------------|
| Postmark _____ | Rec'd _____ |
| Days late _____ | Fine _____ |

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 | 2024-2 | 5/1/24-8/31/24 | 9/16/2024 | | | | |
| | | | | | | | |

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

1. _____ 4. _____

2. _____ 5. _____

3. _____ 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.

