## **RECEIVED**

By WV Ethics Commission at 9:30 am, Jan 11, 2024

**West Virginia Ethics Commission** 

## **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
For office use only:

Rec'd\_

Postmark\_

Days late

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

1. Name and contact information										
Name Andy Feeney						Phone 304-941-5937				
Address 816 Lee St.					Email andrew,feeney@att.com					
Audress Email and own of the control										
<del></del>										
City, State Zip Charleston, WV 25301										
2. Reporting period for which this activity report is being filed										
Check	Report	Period	Due Date	_						
Х	2023-3	9/1/23-12/31/23	1/15/24	1						
				-						
3. List all employers/organizations that you represent as a lobbyist										
1.	1. AT&T 4									
2.	2 5									
3 6										
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
None										
THOUGH THE PARTY OF THE PARTY O										
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	\$	\$	\$	\$	\$	\$	\$	
В.	Lodging	-	\$	\$	\$	\$	\$	\$	\$	
C.	Advertisin	g	\$	\$	\$	\$	\$	\$	\$	
D.	Travel		\$	\$	\$	\$	\$	\$	\$	
E.	Gifts		\$	\$	\$	\$	\$	\$	\$	
F.	Other Exp		\$	\$	\$	\$	\$	\$	\$	
G.	Group Expenditures		\$	\$	\$	\$	\$	\$	\$	
Н.	1.0			T IN "TOTAL EX	IN "TOTAL EXPENDED" COLUMN.				\$	
l.			\$ 0.00	\$	\$	\$	\$	\$	\$ 0.00	
		or contributed to any	group event	or shared expe	nses, list the tota	al expended in c	ategory 5G imn	nediately above	e. Complete and	
attach a Schedule B for each event.										

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