

WV Ethics Commission 210 Brooks St., Ste 300. Charleston WV 25301 (304) 558-0664 (GR-1) / Ethics Commission

Grass Roots Campaign Sponsor Registration

Report number	
COST Property in the contract of the cost	
Filing Date:	
Is this your final rep	ort?

- ✓ If the sponsored campaign has ended and no further activity will take place, this will be the only Registration/Report required for this specific campaign. This Sponsor Registration is to record all contributions and expenditures made on behalf of the campaign.
- ✓ If this campaign will continue over time, Periodic Activities Reports must be filed on the same schedule as individual lobbyist reports until the campaign terminates. (May 15, September 15, January 15)

Name of CAMPAIGN: Consumer Protection Alliance - 2019 felsion Date CAMPAIGN originated: Sponsor's name: Consumer Protection Alliance Phone: (304)344-0692 ext (Address: P.O. Box 3948 Unarteston West Virginia 25339 Business or Occupation of Sponsor Consumer advocacy - civil justice. Campaign Purpose Explain the purpose of the campaign, including the specific legislation, rules, rates, standards or proposals that are the subject matter of the campaign. February 20 March 28, 2019 - Public Information and Email action Links for citizens to contact lawmakers on 3B 266, SB 543 HR 2049 Persons Controlling Sponsor If the SPONSOR is not an individual, list the names, addresses, and titles of the controlling persons responsible for managing the sponsor's affairs. Name: Lee attacked Title: Address:
Date CAMPAIGN originated: Sponsor's name: Cohsumer Protection Alliance Phone: (304)344-0692 ext (Address: P.O. Box 3960 Charleston, West Virginia 25339 Business or Occupation of Sponsor Consumer advocacy - civil justice. Campaign Purpose Explain the purpose of the campaign, including the specific legislation, rules, rates, standards or proposals that are the subject matter of the campaign. February 20 - March 29, 2019 - Public Information and Email Action Links for citizens to contact (awmakers on 38 266, SB 543, HR 2049) Persons Controlling Sponsor
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Address:
Name:Title:
Address:
Organization / Management of campaign (attach additional pages if necessary) List names, addresses, businesses or occupations of all persons organizing and managing the campaign, or hired to assist the
Name: Business or Occupation: Director Address: Terms of compensation:
Name:
Business or Occupation: Address: Terms of compensation:

List the names and addresses of persons conti	ibuting \$25 or more to the campaign and t	the aggregate [total] amount contributed
	ddress:	\$
	Address:	
	Address: \$	
NameA		
	Address:	
NameA		
	Address: \$	
NameA		
Total contributions this report \$	(III	f none indicate "none" or 0)
Include all campaign expenditures by sponsor on sponsor's behalf. Entertainment (including Meals & Beverages) \$	Has the Camp Yes No L If yes, date of Will this be the this campaign Note: The value contributed or volu	e of office expenses nteered must be included #7. Attach any additional
9. Signature Certification of To the best of my knowledge, the informat understand that it is a violation of WV Code understand that if I am convicted of such an Signature:	ion contained hereon and on any attached n 6B-3-9 to willfully and knowingly file a fal	naterials is true, correct and complete. Ise or incomplete report. I further

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Managing Committee

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