

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

(GR-2)

Grass Roots Campaign Periodic Lobbying Report

Report number _____
Filing Date: January 2020
Is this your final report? YES _____

- ✓ If the sponsored campaign **has been terminated**, this will be the **Final Activities Report**. It is to record all contributions and expenditures made on behalf of the campaign, including those reported earlier.
- ✓ If the campaign has not been terminated, this Activities Report is to record only those contributions and expenditures since the initial Registration OR the filing of the last Activities Report.
- ✓ Fill out items 2,3, and 5 with the names of persons who were not listed on the initial Sponsor Registration or earlier Activity Reports, if any were filed.

1. Sponsor Identification (type or print clearly)

Name of CAMPAIGN: West Virginia Stop Meth Not Meds

Sponsor's name: Consumer Healthcare Products Association Phone: 202-429-3524

2. 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, if it has changed from that reported earlier.

Listed on prior report _____

3. Persons Controlling Sponsor (not listed on prior report)

If the SPONSOR is not an individual, list the names, addresses, and titles of the controlling persons responsible for managing the sponsor's affairs. (Not listed on prior reports)

Name: Listed on prior report Title: _____

Address: _____

Name: _____ Title: _____

Address: _____

Name: _____ Title: _____

Address: _____

4. Organization / Management of campaign (not listed on prior reports)

List names, addresses, businesses or occupations of all persons organizing and managing the campaign, or hired to assist the campaign (Include Public Relations or Advertising Firms)

Name: Listed on prior report _____

Business or Occupation: _____

Address: _____

Terms of compensation: _____

Name: _____

Business or Occupation: _____

Address: _____

Terms of compensation: _____

5. Contributors of \$25 or more (attach additional pages if necessary)

List the names and addresses of persons contributing more than \$25 to the campaign during the period covered by this periodic report and the aggregate (total) amount contributed during the period.

Name	N/A	Address:	\$
Name		Address:	\$
Name		Address:	\$
Name		Address:	\$
Name		Address:	\$
Name		Address:	\$
Name		Address:	\$
Name		Address:	\$

6. Contributions

Total contributions this report : \$ NONE (If none indicate "none" or 0)

7. Expenditures

Include all campaign expenditures by sponsor, or another on sponsor's behalf.

Entertainment (including Meals & Beverages)	\$	0
Advertising		
Newspaper	\$	0
Radio	\$	0
TV	\$	0
Other	\$	0
Contributions	\$	0
Office Expenses		
Rent	\$	0
Staff Salaries	\$	0
Consultant Compensation	\$	0
Printing , Mailing	\$	0
*	\$	0
*	\$	0
TOTAL	\$	0

* provide brief explanation of expense)

8. Notice of Termination of Grass Roots Campaign

Has the Campaign been terminated?

Yes ☒ No ☐

If yes, date of termination:

08/30/2019

Will this be the final report filed for this campaign? Yes ☒ No ☐

←Note: The value of office expenses contributed or volunteered must be included as expenditures in #7. Attach any additional information if necessary.

9. Signature Certification of Filing Grass Roots Registration/Report

To the best of my knowledge, the information contained hereon and on any attached materials is true, correct and complete. I understand that it is a violation of WV Code 6B-3-9 to willfully and knowingly file a false or incomplete report. I further understand that if I am convicted of such an act, I can be fined, sentenced to jail, or both.

Signature:  Date January 6, 2020

Type or print name and position: David Spangler, SVP, Legal, GA & Policy Phone: 202-429-9260