

WV Lobbyist Payment Cover Sheet

Complete this sheet and **attach it** to your Lobbyist Registration Statement.

Lobbyist Name: Mailing Address	
City, State, Zip	
Phone: ()	Secondary phone: ()
Email:	

Mark as appropriate:

Amount:

\$____

A. Lobbyist registration fee of \$100.00

B. Each company or organization that you represent as a lobbyist requires payment of \$100.00 each. List these names below. Attach an additional sheet, if needed.

1	· · · · · · · · · · · · · · · · · · ·	\$
2		\$
3		\$
4		\$
Total	of all fees	\$
Would you like a receipt for payment? Make checks or money orders payable to □ Payment by credit card □ American Express □ Discover	WV Ethics Commiss	
Credit Card Number		
Amount: \$ Expira Billing Address:	ation date:/	CVC Code:
Signature:		
<u>katela</u> WV Ethics Commission, Attn: Lo Cha	ugh U.S. Mail or Emaind.j.cantrell@wv.gov nd.j.cantrell@wv.gov obbyist Registrar, 210 orleston WV 25301 -0664 or toll free (86) Brooks Street, Suite 300