

Received

JAN 18 2022

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Activity Report Form

2021-03

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:

Postmark \_\_\_\_\_

Rec'd \_\_\_\_\_

Days late \_\_\_\_\_

Fine \_\_\_\_\_

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

1. Name and contact information

Name Rachel Coffman

Phone (304) 549-8991

Address 44 Coffman Estates

Email rachel@coffmancollaborative.com

City, State Zip Charleston, WV 25312

2. Reporting period for which this activity report is being filed

| Check | Report | Period          | Due Date |  |  |  |  |
|-------|--------|-----------------|----------|--|--|--|--|
| x     | 2021-3 | 9/1/21-12/31/21 | 1/18/22  |  |  |  |  |
|       |        |                 |          |  |  |  |  |
|       |        |                 |          |  |  |  |  |

3. List all employers/organizations that you represent as a lobbyist

Use additional reporting forms if necessary.

1. West Virginia Veterinary Medical Association

4. \_\_\_\_\_

2. NATO

5. \_\_\_\_\_

3. United Way of Central WV

6. \_\_\_\_\_


4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."

Monitoring - Interim Committees on Veterinary Medical School feasibility.

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.

Continued on page 2

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| x     | 2021-3 | 9/1/21-12/31/21 | 1/18/22  |  |  |  |  |
|       |        |                 |          |  |  |  |  |
|       |        |                 |          |  |  |  |  |

**3. List all employers/organizations that you represent as a lobbyist**

Use additional reporting forms if necessary.

- |                                      |  |
|--------------------------------------|--|
| 1. <u>Dow Inc</u>                    | 4. <u>Motion Picture Association</u>         |
| 2. <u>DuPont De Nemours</u>          | 5. <u>Belle Chemical Company</u>             |
| 3. <u>Toyota Motor North America</u> | 6. <u>Entertainment Software Association</u> |


**4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."**

Taxation on Corporate Net Income Rule.

**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       | \$  | \$         | \$         | \$         | \$         | \$         | \$0            |
| B. Lodging                   | \$  | \$         | \$         | \$         | \$         | \$         | \$0            |
| C. Advertising               | \$  | \$         | \$         | \$         | \$         | \$         | \$0            |
| D. Travel                    | \$  | \$         | \$         | \$         | \$         | \$         | \$0            |
| E. Gifts                     | \$  | \$         | \$         | \$         | \$         | \$         | \$0            |
| F. Other Expenses            | \$  | \$         | \$         | \$         | \$         | \$         | \$0            |
| G. Group Expenditures        | \$  | \$         | \$         | \$         | \$         | \$         | \$0            |
| H. Campaign Contributions    | LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.  |            |            |            |            |            | \$0            |
| I. TOTAL of all expenditures | \$  | \$         | \$         | \$         | \$         | \$         | \$0            |

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.

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