## JAN 122022

## WV Ethics Commission

## West Virginia Ethics Commission Lobbyist Activity Report Form

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

West Virsinia Ethics Cormmission
Attn: Lobbyist Registrar
210 Brooks St., 5 te. 300
Charteston, WV 25301
304-558-0664
No faxed copies
for office use only:
Pontmerk $\qquad$ necd Fine $\qquad$

## 1. Name and contact information

| Name Charles Conley |  |
| :--- | :--- |
| Address 85 C Michael Davenport Blvd. | $\quad$Phone $\frac{(304) 412-0621}{\text { Email Cconley@usw.org }}$$. \quad$. |

## City, state Zip Frankfort, Kentucky 40601

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


| 3. List all employers/organizations that you represent as a lobbyist | Use additional reporting forms if necessary. |
| :--- | :--- | :--- |
| 1. United Steelworkers District 8 4.  <br> 2. s.  |  |

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

## 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 | \$ | \$ | \$ | 5 | \$ | \$ |
| B. | Lodging | \$0 | \$ | \$ | \$ | \$ | \$ | \$ |
| C. | Advertising | \$0 | \$ | \$ | \$ | \$ | \$ | \$ |
| D. | Travel | \$0 | \$ | \$ | \$ | \$ | \$ | 5 |
| E. | Gifts | \$0 | \$ | \$ | \$ | \$ | \$ | \$ |
| F. | Other Expenses | \$0 | \$ | \$ | \$ | 5 | \$ | 5 |
| G. | Group Expenditures | \$0 | \$ | \$ | \$ | \$ | \$ | \$ |
| H. | Campaign Contributions | LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. |  |  |  |  |  | \$ |
| 1. | TOTAL of all expenditures | \$0 | \$ | \$ | \$ | \$ | \$ | \$0 |
| If you sponsored or contributed to any group event or shared expenses, list the total expended in category 5 G immediately above. Complete and attach a Schedule B for each event. |  |  |  |  |  |  |  |  |

