

Emailed after hours May 16, 2022

West Virginia Ethics Commission

Lobbyist Activity Report Form

2021-01

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 Joseph M. Ward Phone 304-345-0111
 Address _____ Email jward@fbtlaw.com
500 Virginia Street, East, Suite 1100,
 City, State Zip Charleston, WV 25301

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

Check	Report	Period	Due Date				
x	2021-01	1/1/21 - 4/30/21	5/17/21				

3. List all employers/organizations that you represent as a lobbyist *Use additional reporting forms if necessary.*

1. American Municipal Power, Inc. 4. U.S. Hemp Roundtable, Inc.
 2. Kanawha County Commission 5. Global Medical Response
 3. SAAR Psychological Group, PLLC 6. The Center for Rural Development, Inc.
 7. Teladoc Health, Inc.


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

Communicate with Legislature and Administration regarding legislation and/or rules affecting municipal power systems, public employees pensions, oil and gas regulation, forensic psychology, regulation of hemp products, air ambulance regulation, vaccines, and telemedicine.

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.

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