

FILED

TITLE 158
LEGISLATIVE RULE
WEST VIRGINIA ETHICS COMMISSION

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SERIES 20
Forms

OFFICE WEST VIRGINIA
SECRETARY OF STATE

§ 158-20-1. General.

1.1. Scope. -- This legislative rule relates to forms created by the Ethics Commission for filings by public servants and lobbyists.

1.2. Authority. -- W. Va. Code §§ 6B-2-2(a), 6B-2A-1 and 6B-3-2.

1.3. Filing Date. -- April 22, 2011

1.4. Effective Date. -- May 1, 2011

§ 158-20-2. Definitions.

2.1. "Commission" means the West Virginia Ethics Commission.

2.2. "Executive Director" means the Executive Director of the West Virginia Ethics Commission.

2.3. "Form" means any form, report or statement prepared or mandated for use by the Commission.

2.4. "Lobbyist" means a person required to register as a lobbyist with the Commission in accordance with article three, chapter six-b of the Code.

§ 158-20-3. General Rules.

3.1. A blank copy of all financial disclosure forms or lobbyist registration statements or expenditure reports required to be prepared by the Commission shall be made available for inspection and review upon the Commission's website and upon request.

3.2. Any person who is required to file a form in accordance with the requirements of the Ethics Act, W.Va. Code §§ 6B-1-1 *et seq.*, may request that the format of a form be modified.

3.3. A request that a form be modified may be made orally or in writing to the Executive Director of the Ethics Commission. The Executive Director or his or her designee shall reply to a request within the following time frames:

a. Oral requests - An oral response shall be provided within five business days of receipt of the request for modification.

b. Written request - A written response shall be provided within ten business days of receipt of

the request for modification.

c. For purposes of calculating days, the day of the receipt of the request shall not be included or Saturdays, Sundays and legal holidays. A written response shall be considered timely if postmarked by the due date.

3.4. If the Executive Director or his or her designee declines to make the requested modification, the requester may submit a formal advisory opinion request to the Ethics Commission. Any such request must comply with the requirements of W.Va. Code § 6B-2-3(a). The Ethics Commission shall rule upon the request within sixty days of receipt of the request. In calculating this period, the day of the receipt of the request shall not be included.

§ 158-20-4. Lobbyist Registration Forms.

4.1. Lobbyists shall register on a form which is the same as the form attached as Appendix A to this rule. If the Commission implements electronic registration, then the electronic form shall be substantially similar.

4.2. Lobbyists shall submit a written authorization from each of their employers confirming the lobbyist's employment and the subjects on which the employer is to be represented on a form which is the same as the form attached as Appendix B to this rule. If the Commission implements electronic registration, then the electronic form shall be substantially similar.



Lobbyist Registration West Virginia Lobbyist 20xx-20xx

Return this completed form and all attachments to:
WV Ethics Commission
210 Brooks Street, Ste 300
Charleston WV 25301
Phone: 304 558-0664

This registration is valid through end of 20xx. Registration no. _____
(assigned by Ethics Commission)

(LRS-1-)

Important filing requirements for the lobbyist.

- Payment to the WV Ethics Commission for \$100.00 for your base lobbyist registration fee. Paid by check or CCard
- Recent passport-type photo, approximately 2 x2 to create a photo ID and to publish in the lobbyist directory. Attached or Electronic
- A separate Representation Form for each entity that you represent plus an additional fee of \$100.00 per entity.

Mark here if this form amends earlier information supplied by you. Please indicate the changes or additions you wish to make to your registration or representation information. If you are terminating your registration or your representation for a client or clients, please attach a completed Termination Report to this form.

1. Lobbyist contact information (please print clearly)

Lobbyist name: _____ Phone: (____) _____
Fax: _____
Email: _____ Alternate Phone _____

Name to use on Lobbyist ID Badge: _____

Please provide complete address information. Check the box next to your preferred mailing address

Business Address (required) _____ phone: _____

Home Address: _____ phone: _____

Temporary or Legislative Session address (if different)

Business Address: _____ phone: _____

2. Representations*

List all employers or entities for which you are registering to lobby. A separate Representation form must accompany this form for each listed employer, organization or entity that you represent. You may add additional Statements of Representation any time after your initial registration. Each representation requires a fee of \$100.00

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

* If you are not representing a particular employer or organization, provide a general description of the subjects, topics or issues which will be the focus of your lobbying efforts. kljh

3. Persons employed by lobbyist to lobby (if any)

4. Lobbyist certification and signature

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 any person who fails to comply with the lobbyist registration and reporting requirements of the Ethics Act may be subject to administrative prosecution by the Ethics Commission. For any questions or instructions for completing this form please contact the Ethics Commission or refer to the website www.wvethicscommission.org

Lobbyist Signature _____ Date _____

WV Ethics Commission
210 Brooks St., Suite 300
Charleston WV 25301
304-558-0664

Employer Representation / Authorization West Virginia Lobbyist 20xx-20xx



IMPORTANT: This form is to be completed and signed by both the Employer and the Lobbyist. Original signatures are required. This authorization is valid through 20xx unless cancelled, changed or amended in writing before that time.

Note: All questions must be completed or the form will be returned.

Important information

A fee of \$100.00 and this completed Representation form is required for each entity that you represent as a lobbyist.

Paid by check credit card (This is in addition to the base lobbyist registration fee of \$100.00)

Is this your initial registration? A completed Lobbyist Registration (LRS-1) must accompany this form.

Is this an additional representation? An Amended Lobbyist Registration Statement must accompany this form.

1. Lobbyist name as listed on Lobbyist Registration form (form LRS-1revised)

Lobbyist name _____ Registration number (if known) _____

Email: _____ Phone: _____ Fax: _____

2. Represented Employer, Organization or Association

▶ Name _____
Complete name of represented Employer, Organization or Association

▶ Mailing address: _____
phone: _____
fax: _____

▶ Occupation or type of business: _____

▶ Provide a general description of the subjects, topics or issues which will be the focus of lobbying efforts

3. Lobbyist information for this employer/authorization

▶ Check only one: _____ Retained solely as lobbyist
_____ Unpaid volunteer
_____ Regular employee, services include but are not limited to lobbying

▶ Is the lobbyist employed or retained under any agreement, arrangement or understanding by which any compensation paid to the lobbyist is contingent upon the success of his or her lobbying activity?
Yes _____ No _____ Not applicable _____

▶ Lobbyist Signature: X _____ Date: _____

4. Employer certification

I certify that the lobbyist named above is authorized to lobby on our behalf, and that to the best of my knowledge, this Statement of Representation is true, correct and complete. For questions or to obtain instructions for completing this form, please contact the Ethics Commission or refer to the website www.ethics.wv.gov

▶ Authorized Signature: X _____ Date: _____

Type or print name: _____ Title: _____
Email address: _____