WV Ethics Commission
210 Brooks St., Ste. 300
Charleston, WV 25301
(304) 558-0664
ethics.wv.gov

Grass Roots Campaign Sponsor Registration

If the campaign has ended and no further activity will occur, this will be the only report required for this specific campaign. Please record **all** reportable contributions and expenditures made on behalf of the campaign.

If this campaign will continue, Periodic Lobbying Reports must be filed on May 15, September 15 and January 15 until the campaign terminates.

Please check one: This campaign was terminated on , and this registration will serve as my last report, or
The campaign is ongoing and periodic reports will be filed.

1. Campaign and Sponsor Identification (type or print clearly)

Name of campaign:
Date campaign originated: Sponsor's name:
Address:
Business or occupation of sponsor:
Campaign Purpose

2. Campaign Purpose

Explain the purpose of the campaign, including the specific legislation, rules, rates, standards or proposals that are the subject matter of the campaign:

3. Organization/Management of Campaign (attach additional pages if necessary)

If the sponsor is not an individual, list the names, addresses and titles of the controlling persons responsible for managing the sponsor's affairs.

Name	Title	Address

4. Organization/Management of Campaign (attach additional pages if necessary)

List names, addresses, businesses or occupations of all persons organizing, managing and assisting in the campaign and terms of compensation for each. (Include public relations or advertising firms.)

Name	Business or Occupation	Address	Terms of Compensation

5. Contributions of $1000.00 or more

Name	Address	Contribution

6. Contributions

Total Contributions this report (If none, indicate “none” or “0”)

7. Expenditures

Entertainment including meals and beverages	
Advertising	
Newspaper	
Radio	
Television	
Other	
Contributions	
Office Rent	
Staff Salaries	
Consultant compensation	
Printing/mailing	
TOTAL	

8. Certification

To the best of my knowledge, the information contained herein and on any attached materials is true, correct and complete. I understand that it is a violation of W. Va. Code § 6B-3-9 to willfully and knowingly file a false or incomplete report. I further understand that if I am convicted of such an act, I can be fined, sentenced to jail or both.

Signature: Date:

Type or Print name and position: Phone: