JAN 10 2020

**West Virginia Ethics Commission** 

attach a Schedule B for each event.

## **Lobbyist Activity Report Form**

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

2019-03

West Virginia Ethics Commission Attn: Lobbyist Registrar 210 Brooks St., Ste. 300

Charleston, WV 25301 304-558-0664 *No* 

For office use only:

No faxed copies

Postmark \_\_\_\_ Days late \_\_\_ Rec'd\_\_\_\_ Fine \_\_\_\_

1. Name and contact information										
Name	Name Samuel Minardi Phone									
Business Address 1526 Bedford Rd						Business Email sam.minardi@gmail.com				
City, State Zip Charleston, WV 25314										
2. Reporting period for which this activity report is being filed										
Check		Period	Due Date	The same of the sa						
х	2019-3	9/1/19 - 12/31/19	1/15/2020							
						The state of				
3. List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary.										
1	Lumos	s Networks (a.k	.a. Segra	a)		xon Mobil		Energy		
Longview Power  Consumer Healthcare Products Assoc.  5. 5/3 Bank  Miller Coors										
3	Consu	mer Healthcare	Produc	IS ASSOC.	6 <sup>IVII</sup>	ller Coors				
4. L	obbying act	tivity summary - If the	re was no ac	tivity or exper	ditures, indicat	e "none."				
							clean energy	center pro	piect;	
Broadband expansion & telecom provider of last resort; longview power clean energy center project;  over-the-counter medication availability & local gov. preemption; natural gas production; beer tax										
	1-1116-001	unter medication	avallabili	y & local go	ov. preempu	on, naturai	gas producti	on, beer ta	X	
	xpenditure									
		s, including campaign								
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										
A.		d Beverages \$		\$	\$	Employer 4	\$ \$	Employer 6	Total Expended	
В.	Lodging	d beverages \$		\$	\$	\$	\$	\$	\$	
C.	Advertisir			\$	\$	\$	\$	\$	\$	
D.	Travel	\$		\$	\$	\$	\$	\$	\$	
E.	Gifts	\$		\$	\$	\$	\$	\$	Ś	
F.	Other Exp			\$	S	\$	Ś	\$	\$	
G.		penditures \$		\$	Ś	\$	\$	\$	\$	
Н.		B. TO ASSAMINATE		· ·	PENDED" COLU	,	\$ 600			
1.		all expenditures \$		\$	\$	Ś	Ś	Ś	\$ 600	
If you sponsored or contributed to any group event or shared expenses, list the total expended in category 5G immediately above. Complete and										

**West Virginia Ethics Commission** 

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2019-03

M. Ethics Commission

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

1. N	1. Name and contact information											
Nama	e Samuel Minardi Phone											
Name		1526 Redfor	rd Rd sam minardi@gmail.com									
Busin	Business Address 1526 Bedford Rd Business Email sam.minardi@gmail.com											
City. S	City, State Zip Charleston, WV 25314											
5.7) 5.30 E.P												
2. Reporting period for which this activity report is being filed												
	2. Reporting period for which this activity report is being filed Check Report Period Due Date											
X	2019-3	9/1/19 - 12/31/19				<b>高型的协议</b>						
	1020	3,1,13 12,02,13	2,20,202									
3. L												
1	Lumos	Networks (a	.k.a. Segr	a)		xon Mobil	/. First	Energy				
,	Longvi	ew Power			5/3	Bank						
-	Consu	mer Healthca	re Produc	ts Assoc	S	ler Coors						
3		The Fredition	ic i iodac	10710000.	6	101 00010						
4. L	obbying acti	ivity summary - If t	here was no a	ctivity or exper	nditures, indicat	e "none."						
Bro	adband e	expansion & te	lecom prov	rider of last	resort; longv	iew power c	lean energy	center pro	ject;			
-01/0	or the cou	inter medication	n availahili	ty & local g	ov preempti	on: natural d	as producti	on: heer tax	,			
-000	er-trie-cou	inter medicalic	ii avallabili	ty & local go	ov. preempu	on, natural g	as producti	on, beer ta	\.			
	xpenditures											
		, including campai										
		y on any public offi					the amounts sp	ent in each of t	he following			
categories per each employer you represent. Complete and attach Schedule A to this report.												
	diture Categ		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended			
Α.	_	Beverages	\$	\$	\$	\$	\$	\$	\$			
B.	Lodging		\$	\$	\$	\$	\$	\$	\$			
C.	Advertisin	g	\$	\$	\$	\$	\$	\$	\$			
D.	Travel		\$	\$	\$	\$	\$	\$	\$			
E.	Gifts Other Fun		\$			\$	-	\$	\$			
F.	Other Exp		\$	\$	\$	\$	\$	\$	\$			
G. H.	Group Exp	Contributions	•		→ (PENDED" COLU	1	3	7	\$ 600			
I.		all expenditures	\$	S TOTALEX	S COLU	Ś	Ś	\$	\$ 600			
		or contributed to ar						rediately above				
		B for each event.	7 STOUP EVEIN	o. shared expe	ses, not the tot	a. experided in c						