#### Received

### SEP 1 5 2020

**West Virginia Ethics Commission** 

### WV Ethics Commission

# **Lobbyist Activity Report Form**

2020-02

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

| West Virginia Ethi   | cs Commission   |  |  |
|----------------------|-----------------|--|--|
| Attn: Lobbyist Re    | gistrar         |  |  |
| 210 Brooks St., St   | e. 300          |  |  |
| Charleston, WV 2     | 5301            |  |  |
| 304-558-0664         | No faxed copies |  |  |
| For office use only: |                 |  |  |
| Postmark             | Rec'd           |  |  |
| Days late            | Fine            |  |  |
|                      |                 |  |  |

|          | , ,  | , ,             |  | ()                 | ,                    |                |                  |                       |
|----------|--|-----------------|--|--------------------|----------------------|----------------|------------------|-----------------------|
| 1. N     | ame and contact information  |                 |  |                    |                      |                |                  |                       |
| Name     | Rachel Coffman   |                 |  |                    | Phone (              | 304) 549-899   | 1                |                       |
| Rucino   | ss Address 1210 Kanaw  | ha Blvd. Ea     | st   | D.                 | siness Email ra      |                |                  | n.com                 |
| busine   | ss Address   |                 |  | ви                 | siness Email         |                | <u></u>          |                       |
|          |  |                 |  |                    |                      |                |                  |                       |
| City, St | cate Zip Charleston, WV 2  | 25312           |  |                    |                      |                |                  |                       |
|          |  |                 |  |                    |                      |                |                  |                       |
| 2. R     | eporting period for which this   | activity report | is being filed   |                    |                      |                |                  |                       |
| Check    | Report Period  | Due Date        | Service and the service and th |                    |                      |                |                  |                       |
| х        | 2020-2 5/1/20 - 8/31/20  | 9/15/2020       |  |                    |                      |                |                  |                       |
|          |  |                 |  |                    |                      |                |                  |                       |
|          |  |                 |  |                    | Carlotte 1           |                |                  |                       |
| 3. Li    | st all employers/organization  | s that you renr | esent as a lobb  | vist               | lls                  | additional rep | ortina forms i   | necessary.            |
|          | Toyota North America   |                 | eseric us a robb   |                    | ex Pharmac           |                | orting jornis ij | necessary.            |
|          |  |                 |  |                    |                      |                |                  |                       |
| 2.       | Dow Chemical Com   | pany            |  | <sub>5.</sub> Ente | ertainment S         | oftware Ass    | sociation        |                       |
| 3        | DuPont deNmours  | , Inc           |  | <sub>6</sub> Mot   | ion Picture          | Association    |                  |                       |
| J.       |  |                 |  |                    |                      |                |                  |                       |
|          | In the state of th |                 |  | dia In diama       | ""                   |                |                  |                       |
|          | obbying activity summary - If  | there was no a  | ctivity or exper   | iditures, indicate | "none."              |                |                  |                       |
| Non      | e  |                 |  |                    |                      |                |                  |                       |
|          |  |                 |  |                    |                      |                |                  |                       |
|          |  |                 |  |                    |                      |                |                  |                       |
|          |  |                 |  |                    |                      |                |                  |                       |
| 5. Ex    | penditures   |                 |  |                    |                      |                |                  |                       |
| If no e  | xpenditures, including campa   | ian contributio | ns, mark here:   | <b>/</b>           |                      |                |                  |                       |
|          | spent money on any public off  |                 |  |                    | liate family, list t | he amounts sp  | ent in each of t | he following          |
|          | ries per each employer you re  |                 |  |                    |                      |                |                  |                       |
| Expen    | diture Categories  | Employer 1      | Employer 2   | Employer 3         | Employer 4           | Employer 5     | Employer 6       | <b>Total Expended</b> |
| A.       | Meals and Beverages  | \$              | \$   | \$                 | \$                   | \$             | \$               | \$                    |
| B.       | Lodging  | \$              | \$   | \$                 | \$                   | \$             | \$               | \$                    |
| C.       | Advertising  | \$              | \$   | \$                 | \$                   | \$             | \$               | \$                    |
| D.       | Travel   | \$              | \$   | \$                 | \$                   | \$             | \$               | \$                    |
| E.       | Gifts  | \$              | \$   | \$                 | \$                   | \$             | \$               | \$                    |
| F.       | Other Expenses   | \$              | \$   | \$                 | \$                   | \$             | \$               | \$                    |
| G.       | Group Expenditures   | \$              | \$   | \$                 | \$                   | \$             | \$               | \$                    |
| Н.       | Campaign Contributions   | -               |  | PENDED" COLU       | T                    | 1 4            | A                | \$                    |
| I.       | TOTAL of all expenditures  | \$              | \$   | \$                 | \$                   | \$             | \$               | \$0                   |
|          | sponsored or contributed to a<br>a Schedule B for each event.  | ny group event  | or shared expe   | nses, list the tot | al expended in c     | ategory 5G imn | neglately above  | e. Complete and       |
| attach   | a scriedule b for each event.  |                 |  |                    |                      |                |                  |                       |

#### **West Virginia Ethics Commission**

# **Lobbyist Activity Report Form**

2020-02

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

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\_\_\_\_\_\_\_

Fine\_

Days late \_

|  | Rachel Coffman   |   |   |  | Phone S   | 304-549-8991                    |                                       |  |
|--|--|---|---|--|---|---------------------------------|---------------------------------------|--|
| Busin  | ess Address 1210 Kanaw   | ha Blvd, Ea   | st  | Bı   | ısiness Email <u>ra</u>   | chelcoffman                     | @tsgsolutior                          | n.com                                    |
| City 9   | State Zip Charleston, WV 2   | <br>25301   |   |  |   |                                 |                                       |  |
| ,  |  |   |   |  |   |                                 |                                       |  |
| 2. F   | Reporting period for which this  | activity report   | is being filed  |  |   |                                 |                                       |  |
| Check  | Report Period  | Due Date  |   |  |   |                                 |                                       |  |
| x  | 2020-2 5/1/20 - 8/31/20  | 9/15/2020   |   |  |   |                                 |                                       |  |
|  |  |   |   |  |   |                                 |                                       |  |
|  |  |   |   | 10 20 10 10  |   |                                 |                                       |  |
| 3. L   | ist all employers/organization   | s that you repr   | esent as a lobb   | vist   | Use   | e additional rep                | orting forms i                        | f necessary.                             |
| _  | Real Estate Valuation  |   |   |  | Osteopathic   | Assn.                           |                                       |  |
| _  |  |   |   |  |   |                                 |                                       |  |
| 2  | The American Law I   | nstitute  |   | 5  | dent Clear  |                                 |                                       |  |
|  |  |   |   |  |   |                                 |                                       |  |
| 3  | WV Veterinary Medi   | ical Assn.  |   | 6  |   |                                 |                                       |  |
| 3  | . WV Veterinary Medi   | ical Assn.  |   | 6  |   |                                 |                                       |  |
|  |  |   | ctivity or exper  |  | e "none."   |                                 |                                       |  |
|  | . WV Veterinary Medi   |   | ctivity or exper  |  | e "none."   |                                 |                                       |  |
|  |  |   | ctivity or exper  |  | e "none."   |                                 |                                       |  |
|  |  |   | ctivity or exper  |  | e "none."   |                                 |                                       |  |
|  |  |   | ctivity or exper  |  | e "none."   |                                 |                                       |  |
|  |  |   | ctivity or exper  |  | e "none."   |                                 |                                       |  |
| 1. L   |  |   | ctivity or exper  |  | e "none."   |                                 |                                       |  |
| 1. L   | obbying activity summary - If  | there was no ac   |   | nditures, indicat  | e "none."   |                                 |                                       |  |
| i. L   | obbying activity summary - If the state of t | there was no ac   | ns, mark here:  | nditures, indicat  |   | the amounts sp                  | ent in each of t                      | he following                             |
| 5. Ef no e   | obbying activity summary - If  | there was no ac   | ns, mark here:<br>or member of  | nditures, indicat  | diate family, list  | the amounts sp                  | ent in each of t                      | the following                            |
| 5. Ef no e   | expenditures expenditures, including campal spent money on any public off  | there was no ac   | ns, mark here:<br>or member of  | nditures, indicat  | diate family, list  | the amounts sp                  | ent in each of t                      |  |
| 5. Ef no ef you catego   | expenditures expenditures, including campai expent money on any public off ories per each employer you re  | there was no action of the contribution ficial, employee epresent. Comp   | ns, mark here:<br>or member of<br>elete and attach                              | his or her immed   | diate family, list  |                                 |                                       |  |
| 1. L  55. E  f you  catego  Exper  | expenditures expenditures, including campa expenditures, including campa expenditures, including campa expenditure campa on any public off fories per each employer you re enditure Categories Meals and Beverages   | there was no action of the contribution ficial, employee expresent. Comp  | ns, mark here: or member of elete and attach Employer 2                         | his or her immed Schedule A to t                           | diate family, list<br>his report.<br>Employer 4                     | Employer 5                      | Employer 6                            | Total Expende                            |
| i. L  f no e f you catego Exper A. B.  | expenditures expenditures, including campa spent money on any public off pories per each employer you re-  | there was no action of the contribution ficial, employee expresent. Comp  | ns, mark here:<br>or member of<br>olete and attach<br>Employer 2                | his or her immed Schedule A to t                           | diate family, list<br>his report.<br>Employer 4                     | Employer 5                      | Employer 6                            | Total Expende                            |
| i. L  i. L | expenditures expenditures, including campail expenditures, including campail expenditures, including campail expenditure Categories  Meals and Beverages  Lodging  | there was no action contribution ficial, employee expresent. Comp   | or member of elete and attach Employer 2  | his or her immed Schedule A to t                           | diate family, list his report.  Employer 4  \$                      | Employer 5<br>\$                | Employer 6<br>\$<br>\$                | Total Expende \$                         |
| 55. E fif no e fif you catego Exper AA.  B. C. D.  | Expenditures expenditures, including campail spent money on any public off pries per each employer you re inditure Categories  Meals and Beverages  Lodging  Advertising   | there was no action contribution ficial, employee epresent. Comp  | ns, mark here: or member of elete and attach Employer 2 \$ \$ \$                | his or her immed Schedule A to t Employer 3                | diate family, list this report.  Employer 4  \$ \$                  | Employer 5<br>\$<br>\$<br>\$    | Employer 6<br>\$<br>\$<br>\$          | Total Expende \$ \$ \$                   |
| 55. E fif no e fif you catego Exper A.  B. C. D. E.  | expenditures expenditures, including campa spent money on any public off ories per each employer you re inditure Categories Meals and Beverages Lodging Advertising Travel Gifts   | there was no action in the contribution ficial, employee expresent. Comp Employer 1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$                | ns, mark here: or member of elete and attach Employer 2 \$ \$ \$                | his or her immed Schedule A to t Employer 3 \$             | diate family, list this report.  Employer 4  \$ \$ \$ \$            | Employer 5 \$ \$ \$ \$          | Employer 6 \$ \$ \$ \$                | Total Expende \$ \$ \$ \$ \$             |
| 55. E If no e E E C D E F F  | expenditures expenditures, including campa expenditures, including campa spent money on any public off ories per each employer you re inditure Categories  Meals and Beverages Lodging Advertising Travel Gifts Other Expenses   | there was no action contribution ficial, employee expresent. Comp Employer 1 \$ \$ \$ \$ \$ \$  | ns, mark here: or member of elete and attach Employer 2 \$ \$ \$ \$ \$          | his or her immed Schedule A to t Employer 3 \$ \$ \$ \$    | diate family, list this report.  Employer 4  \$ \$ \$ \$ \$         | Employer 5 \$ \$ \$ \$ \$ \$    | Employer 6 \$ \$ \$ \$ \$ \$ \$       | Total Expende \$ \$ \$ \$ \$ \$ \$       |
| 5. Elf no ellf you catego  | expenditures expenditures, including campa spent money on any public off ories per each employer you re inditure Categories Meals and Beverages Lodging Advertising Travel Gifts   | there was no action in the contribution ficial, employee expresent. Comp Employer 1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | ns, mark here: or member of elete and attach Employer 2 \$ \$ \$ \$ \$ \$ \$ \$ | his or her immed Schedule A to t Employer 3 \$ \$ \$ \$ \$ | diate family, list his report.  Employer 4  \$ \$ \$ \$ \$ \$ \$ \$ | Employer 5 \$ \$ \$ \$ \$ \$ \$ | Employer 6 \$ \$ \$ \$ \$ \$ \$ \$ \$ | Total Expende \$ \$ \$ \$ \$ \$ \$ \$ \$ |