

Received

SEP 10 2020

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Activity Report Form

2020-02

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 Richard R. Heath, Jr. Phone 304-347-1136
Business Address 600 Quarrier Street Business Email rheath@bowlesrice.com
City, State Zip Charleston, WV 25301

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

Table with columns: Check, Report, Period, Due Date. Row 1: x, 2020-2, 5/1/20 - 8/31/20, 9/15/2020

3. List all employers/organizations that you represent as a lobbyist

Use additional reporting forms if necessary.

- 1. Avail
2. Blackhawk Network, Inc.
3. Cardinal Institute for WV Policy
4. Dakota Renewable Energy LLC
5. EPIC Pharmacies/Multistate Assn.
6. GREY2K USA Worldwide, Inc.

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

None

5. Expenditures

If no expenditures, including campaign contributions, mark here: [checked]

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.

Table with columns: Expenditure Categories, Employer 1-6, Total Expended. Rows A-I including Meals and Beverages, Lodging, Advertising, Travel, Gifts, Other Expenses, Group Expenditures, Campaign Contributions, and 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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Check	Report	Period	Due Date				
x	2020-2	5/1/20 - 8/31/20	9/15/2020				

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

1. <u>WV Health Care Association</u>	4. <u>RAI Services Company</u>
2. <u>WV Hospitality & Travel Assoc.</u>	5. <u>WV Reg. Planning & Dev. Councils</u>
3. <u>Justice Action Network</u>	6. <u>U.S. Term Limits</u>


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

None

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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Check	Report	Period	Due Date				
x	2020-2	5/1/20 - 8/31/20	9/15/2020				

3. List all employers/organizations that you represent as a lobbyist

Use additional reporting forms if necessary.

1. Wood County Commission
2. _____
3. _____
4. _____
5. _____
6. _____

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

None

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	<i>LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.</i>						\$
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.