| West Virginia Ethics Commission WV Ethics Commission | West Virginia Ethics Commission |
| :---: | :---: |
| Lobbyist Activity Report Form | Attn: Lobbylst Registrar 210 Brooks St, Ste. 300 |
| 2020-03 | Charleston, WV 25301 <br> 304-558-0664 No faxed copies |
|  | For office use only: <br> Poremert $\qquad$ Rerd $\qquad$ |
| Late reporting fine - \$10 per business day past the due date (\$250 maximum) | Days lett ___ Fint |

## 1. Name and contact information

Name Michele Blackwell Phone (202) 381-7251
Business Address 1717 Rhode Island Avenue Business Emall mblackwell@uber.com

City, State Zip Washington, DC 20036


| 3. List all employers/organizations that you represent as a lobbyist |  |
| :--- | :--- | :--- |
| 1. Uber Technologies, Inc. Use additional reporting forms if necessary. <br> 2. 5. <br> 3. 6. |  |


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

## None

## 5. Expenditures

If no expenditures, Inciuding campaign contributions, mark hare: $-\checkmark$
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 |  | $\begin{array}{\|l\|} \hline \text { Employer } 1 \\ \hline \$ \\ \hline \end{array}$ | $\begin{aligned} & \text { Employer } 2 \\ & \hline \$ \\ & \hline \end{aligned}$ | $\text { Employer } 3$$\$$ | $\begin{aligned} & \hline \text { Employer } 4 \\ & \hline \$ \\ & \hline \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { Employer } 5 \\ \hline \$ \\ \hline \end{array}$ | $\begin{array}{\|l} \hline \text { Employer } 6 \\ \hline \$ \\ \hline \end{array}$ | Total Expended$\$$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| A. | Meals and Beverages |  |  |  |  |  |  |  |
| B. | Lodging | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| C. | Advertising | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| D. | Travel | \$ | \$ | \$ | \$ | 5 | \$ | \$ |
| E. | Gifts | \$ | \$ | 5 | S | \$ | \$ | \$ |
| F. | Other Expenses | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| G. | Group Expenditures | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| H. | Campaign Contributions | LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. |  |  |  |  |  | \$ |
| 1. | TOTAL of all expenditures | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

If you sponsored or contributed to any group event or shared expenses, list the total expended in category 56 immediately above. Complete and attach a schedule B for each event.

