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JAN 06 2021

| west virginia Et | nics commissio | n      |      |  |
|------------------|----------------|--------|------|--|
| Lobbyist         | Activity       | Report | Form |  |
| 2020-03          |                |        |      |  |

WV Ethics Commission Attn: Lobbylst 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. Na    | me and c   | ontact information      |                              |                                       |
|----------|------------|-------------------------|------------------------------|---------------------------------------|
| Name     | Jack E.    | Harrison                |                              | Phone 304-346-7000                    |
| Busines  | ss Address | 300 Summers S           | street                       | Business Email jeh@goodwingoodwin.com |
|          |            | Suite 1500              |                              |                                       |
| City, St | ate Zip    | Charleston, WV          | 25304                        |                                       |
| 2. Re    | porting p  | eriod for which this ac | tivity report is being filed |                                       |
| Check    | Report     | Period                  | Due Date                     |                                       |
| x        | 2020-3     | 9/1/20 - 12/31/20       | 1/15/2021                    |                                       |
|          |            |                         |                              |                                       |

3. List all employers/organizations that you represent as a lobbyist 1. WV811 Use additional reporting forms if necessary. 4. WV Small Public Utilities Assn

2. Fresenius Medical Care

s. Am. Petroleum

3. Alliance for Automotive Innovation

6.\_\_\_\_\_

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

None

| If no                  | expenditures, including campa                                     | ign contributio                         | ns, mark here: | 1               |            |                |                  |                |
|------------------------|---|---|----------------|-----------------|------------|----------------|------------------|----------------|
| If you                 | a spent money on any public of<br>pories per each employer you re | ficial, employee                        | or member of   | his or her imme |            | the amounts sp | ent in each of t | he following   |
| 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. |                |                 |            |                |                  | \$             |
|                        | TOTAL of all expenditures   | \$                                      | \$             | \$              | 5          | S              | Ś                | \$             |