Received

#### JAN 06 2021

#### WV Ethics Commission

West Virginia Ethics Commission Attn: Lobbyist Registrar

No faxed copies

210 Brooks St., Ste. 300 Charleston, WV 25301

304-558-0664

For office use only:

West Virginia Ethics Commission

## **Lobbyist Activity Report Form**

2020-03

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Late r	eporting f	ĩne - \$10 per busin	ess day past	t the due date	e (\$250 maxim	ım)	Postmark Days late	Rec	ć
1. N	ame and co	ontact information							
Name	Richard	R. Heath, Jr.				Phone 3	04-347-1136	6	
		600 Quarrier	Street		Bu	siness Email Th			
City, S	tate Zip	harleston, WV 2	5301						
2. R	eporting pe	eriod for which this a	ctivity report	is being filed					
Check	Report	Period	Due Date	1					
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		oyers/organizations	that you repr	esent as a lobb	the second se		e additional rep		f necessary.
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		awk Network,	Inc		- EPI	C Pharmac	es/Multista	te Assn	
	Contraction of the local division of the loc				different contractory	and the second	And a state of the		
3.	Cardin	al Institute for	WV Pol	icy	6. GR	EY2K USA	vvoriawiae	e, Inc.	
4. Lo	obbying act	tivity summary - If the	ere was no a	ctivity or expen	nditures, indicate	e "none."			
Nor	le								
5. E:	penditure	5			/	······································	- <u></u>		
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		ch employer you repr					ine amounts sp	entineachori	ine following
	diture Cate		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended
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		or contributed to any B for each event.	Broup event	or shared expe	inses, nat the tot	ar expended in c	aregory 50 min	neuracery abov	e. complete and

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2020-03

Late	reporting fine - \$10 per bus	iness day pas	t the due date	(\$250 maxim	um)	For office use Postmark Days late	Rec	e
1. 1	lame and contact information							
Name	Richard R. Heath, Jr				Phone	304-347-1136	5	
	ess Address 600 Quarrie			Bu	isiness Email rh			
City, S	tate Zip Charleston, WV	25301		· · · · · · · · · · · · · · · · · · ·				
2. F	leporting period for which this	activity report	t is being filed		and a second			a hine the set of the second
Check		Due Date				1	1	
X	2020-3 9/1/20 - 12/31/2	the second se						
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3. L	ist all employers/organization	s that you repr	resent as a lobb	vist	Use	e additional reg	orting forms ij	f necessary.
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			00	s VVV	Reg. Plann	ling & Dev.	Councils	
1	WV Hospitality & T	ravel Ass	00.	teleforgraphics				
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3 4. L	obbying activity summary - If	work		6. <u>U.S</u>		its		
3	obbying activity summary - If	work		6. <u>U.S</u>		its		
3 4. L	obbying activity summary - If	work		6. <u>U.S</u>		its		
3 4. L	obbying activity summary - If	work		6. <u>U.S</u>		its		
3 4. L	obbying activity summary - If	work		6. <u>U.S</u>		its		
4. L No	obbying activity summary - If	work		6. <u>U.S</u>		its		
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4. L No 5. I If no	Justice Action Nets obbying activity summary - If ne xpenditures expenditures, including campa	WORK there was no a lign contributio	nctivity or expen	6. U.S	e "none."		ent in each of t	the following
4. L No 5. If If no of If you	Justice Action Networks and a sectivity summary - If ne	NOrk there was no a lign contributio ficial, employee	nctivity or expensions, mark here:	6. U.S	e "none." diate family, list		ent in each of t	the following
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4. L No 5. I If no If you catege Experi	Justice Action Nets obbying activity summary - If Ne expenditures expenditures, including campa spent money on any public of ories per each employer you re oditure Categories	NOrk there was no a lign contributio licial, employee epresent. Comp Employer 1	ons, mark here: or member of plete and attach Employer 2	6. U.S inditures, indication inditures, inditures, inditu	e "none." diate family, list his report. Employer 4	the amounts sp	Employer 6	Total Expended
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4. L NO 5. I If no If you categ Exper A. B.	Justice Action Networks obbying activity summary - If ne expenditures spent money on any public of ories per each employer you re orditure Categories Meals and Beverages Lodging	NOrk there was no a lign contributio licial, employee present. Comp Employer 1 \$ \$	entivity or expensions, mark here: e or member of plete and attach Employer 2 \$ \$	6. U.S aditures, indicat his or her immer Schedule A to t Employer 3 \$ \$	e "none." diate family, list his report. Employer 4 \$ \$	the amounts sp Employer 5 \$ \$	Empløyer 6 \$ \$	Total Expended \$ \$ \$ \$
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4. L NO 5. If If no If you catege Exper A. B. C. D.	Justice Action Networks obbying activity summary - If ne expenditures spent money on any public off ories per each employer you re oditure Categories Meals and Beverages Lodging Advertising Travel	NOrk there was no a lign contributio ficial, employee present. Comp Employer 1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ens, mark here: eor member of plete and attach Employer 2 \$ \$ \$ \$ \$ \$ \$	6. U.S inditures, indication inditures, inditures, indication inditures, inditures, inditationes, inditures, inditures, inditures, inditures, inditures, i	e "none." diate family, list his report. Employer 4 \$ \$ \$ \$ \$ \$	the amounts sp Employer 5 \$ \$ \$ \$ \$ \$ \$	Employer 6 \$ \$ \$ \$ \$	Total Expended \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
4. L NO 5. If If no ( If you categ Exper A. B. C. D. E.	Advertising Travel Gifts	NOrk there was no a lign contributio ficial, employee spresent. Comp Employer 1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	entivity or experience ons, mark here: or member of plete and attach Employer 2 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	6. U.S inditures, indicate inditures, indicate his or her imment Schedule A to t Employer 3 S S S S S S S S	e "none." diate family, list his report. Employer 4 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	the amounts sp Employer 5 \$ \$ \$ \$ \$ \$ \$ \$ \$	Employer 6 \$ \$ \$ \$ \$ \$ \$	Total Expended \$ \$ \$ \$ \$ \$ \$
4. L NO 5. If If no If you categ Exper A. B. C. D. E. F.	Justice Action Networks obbying activity summary - If ne expenditures expenditures, including campa spent money on any public offories per each employer you re nditure Categories Meals and Beverages Lodging Advertising Travel Gifts Other Expenses	NOrk there was no a lign contributio ficial, employee present. Comp Employer 1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ens, mark here: eor member of polete and attach Employer 2 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	6. U.S aditures, indicate his or her immer Schedule A to t Employer 3 S S S S S S S S S S S S S	e "none." diate family, list his report. Employer 4 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	the amounts sp Employer 5 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Employer 6 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Total Expended \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

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## **Lobbyist Activity Report Form**

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F.

G.

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Other Expenses

**Group Expenditures** 

attach a Schedule B for each event.

**Campaign Contributions** 

**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

LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

1. Name and contact information         Name       Richard R. Heath, Jr.         Business Address       600 Quarrier Street         Business Address       600 Quarrier Street         Business Address       600 Quarrier Street         Business Address       6.         City, State Zip       6.         2. Reporting period for which this activity 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       Use additional reporting forms if necessary.         1. Wood County Commission       4.         2. Nationwide Insurance Companies       5.         3
Business Address       600 Quarrier Street       Business Email       rheath@bowlesrice.com         City, State Zip       Charleston, WV 25301
City, State Zip       Charleston, WV 25301         2. Reporting period for which this activity report is being filed       Image: Charleston, WV 25301         Check       Report       Period       Due Date         x       2020-3       9/1/20-12/31/20       1/15/2021       Image: Charleston, WV 25301         3.       List all employers/organizations that you represent as a lobbylist       Use additional reporting forms if necessary.         1.       Wood County Commission       4.       4.         2.       Nationwide Insurance Companies       5.       5.         3.       6.       6.       6.         4.       Lobbying activity summary - If there was no activity or expenditures, indicate "none."       None
2. Reporting period for which this activity report is being filed         Check       Report       Period       Due Date         x       2020-3       9/1/20-12/31/20       1/15/2021
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1. Wood County Commission       4.         2. Nationwide Insurance Companies       5.         3
1. Wood County Commission       4.         2. Nationwide Insurance Companies       5.         3
1. Wood County Commission       4.         2. Nationwide Insurance Companies       5.         3
2. Nationwide Insurance Companies 3
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none." None
None
None
None
F. France Manage
F Funce damage
F Funda Rama
P. Provenski standar
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 \$ \$ \$ \$ \$ \$ \$ \$ \$
A.         Wears and beverages         5
b.         b.<
D.         Travel         \$ </td
E. Gifts \$ \$ \$ \$ \$ \$ \$

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