JAN 07 2021

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Activity Report Form

2020-03

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:

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Late reporting fine - \$10 per business day past the due date (\$250 maximum) Postmark Rec'd Days late Fine										
1. Name and contact information										
Name Thomas A. Heywood Phone (304) 347-1702										
						Business Email theywood@bowlesrice.com				
Dusine	600 Quarrier Street									
City, State Zip Charleston, WV 25301										
City, State Zip										
2 Parasting payled for which this activity conort is being filed										
	Reporting period for which this activity report is being filed						1			
Check	1	Period 9/1/20 - 12/31/20	Due Date	-		100				
X	2020-3	9/1/20 - 12/31/20	1/15/2021	-		1				
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.										
	See attachment									
1.	1. See attachment. 4.									
2.	2 5									
36										
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
Health care issues; power and energy issues; highway and transportation issues; completion of Corridor H;										
general business; finance; investment; retirement community issues; insurance issues; banking										
and related issues										
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										
-			\$	\$	\$	\$	\$	\$	\$	
A. B.	Lodging		\$	\$	\$	\$	\$	\$	\$	
C.			\$	\$	\$	\$	\$	\$	\$	
D.	Advertising Travel		\$	\$	\$	\$	\$	\$	\$	
			\$		\$	\$	\$	\$	\$	
E.	Gifts Other Expenses		\$	\$	\$	\$	\$	\$	\$	
F.			\$	\$	\$	\$	\$	\$	\$	
G. H.	Group Exp							\$1,200.00		
			\$ \$ \$			\$	\$	\$		
I.						1 .			\$1,200.00	
	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.									