

Received

JAN 15 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:

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 Jason Pizatella Phone 304-340-3868
 Business Address 300 Kanawha Boulevard Business Email jpizatella@spilmanlaw.com
 City, State Zip Charleston, WV 25301

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. <u>America's Health Insurance Plans</u>	4. <u>DXC MS, LLC</u>
2. <u>AT&T Services, Inc.</u>	5. <u>Economic Development Counsel, Inc./WV</u>
3. <u>Dish Network, LLC</u>	6. <u>Enterprise Holdings LLC</u>


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

lobby issues re budget; business; energy; environmental; health care; insurance; taxation; oil/gas; transportation
Medicaid; utilities; and funding of public records

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	\$	\$	\$	\$	\$	\$	\$ 0

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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1. Name and contact information

Name Jason Pizatella Phone 304-340-3868
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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. <u>Self Storage Association</u>	4. <u>The Chemours Company</u>
2. <u>Southwestern Energy</u>	5. <u>West Ridge, Inc.</u>
3. <u>Spilman Thomas & Battle, PLLC</u>	6. <u>Wexford Health Services</u>

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

lobby issues re budget; business; energy; environmental; health care; insurance; taxation;
oil/gas; transportation; Medicaid; utilities; and funding of public records

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	\$	\$	\$	\$	\$	\$	\$ 0

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

1. WV Manufacturers Association 4. _____
 2. WV Oil & Natural Gas Association 5. _____
 3. WV Energy Users Group 6. _____

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

lobby issues re budget; business; energy; environmental; health care; insurance; taxation; oil/gas; transportation;
Medicaid; utilities; and funding of public records

5. Expenditures
If no expenditures, including campaign contributions, mark here: X

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	\$	\$	\$	\$	\$	\$	\$ 0

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.