

Received

SEP 02 2021

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Activity Report Form

2021-02

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
Address 300 Kanawha Boulevard, East
City, State Zip Charleston, WV 25301

Phone 304-340-3868
Email jpizatella@spilmanlaw.com

2. Reporting period for which this activity report is being filed

Table with columns: Check, Report, Period, Due Date. Row 1: x, 2021-2, 5/1/21-8/31/21, 9/15/21

3. List all employers/organizations that you represent as a lobbyist

Use additional reporting forms if necessary.

- 1. America's Health Insurance Plan
2. AT&T Services, Inc.
3. Dish Network, LLC
4. Economic Development Council, Inc./WV
5. Enterprise Holdings
6. Gainwell Technologies, LLC

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

None

5. Expenditures

If no expenditures, including campaign contributions, mark here: [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.

Table with columns: Expenditure Categories, Employer 1-6, Total Expended. Rows include Meals and Beverages, Lodging, Advertising, Travel, Gifts, Other Expenses, Group Expenditures, Campaign Contributions, and 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 attach a Schedule B for each event.

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x	2021-2	5/1/21-8/31/21	9/15/21				

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

1. <u>HealthNet Aeromedical Services, Inc.</u>	4. <u>Southwestern Energy</u>
2. <u>Satellite Broadcasting &amp; Communications Assn.</u>	5. <u>Spilman Thomas &amp; Battle, PLLC</u>
3. <u>Secure Elections Project</u>	6. <u>The Chemours Company</u>

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

None

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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**3. List all employers/organizations that you represent as a lobbyist**

Use additional reporting forms if necessary.

- |                                                   |                                        |
|---------------------------------------------------|----------------------------------------|
| 1. <u>The Gas and Oil Association of WV, Inc.</u> | 4. <u>Wexford Health Sources, Inc.</u> |
| 2. <u>West Ridge, Inc.</u>                        | 5. <u>WV Energy Users Group</u>        |
| 3. <u>West Virginia County Risk Pool</u>          | 6. _____                               |


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

None

**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.

Continued on page 2