West Virginia Ethics Commission

Received

JAN 16 2013

NV Ethics Commission

Lobbyist Activity Report Form 2017-03

Lobbyist certification - Please read and sign below.

Days late ___

Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301

West Virginia Ethics Commission

304-558-0664

No faxed coples

For office use only: Postmark ____

Rec'd_

Late reporting fine - \$10 per business day past the due date (\$250 maximum)

| | | | | | , | | | | |
|--|---|---|------------------|--------------------|-------------------------------|------------------|------------------|-----------------|--|
| 1. N | lame and contact information | | | | Y | | | | |
| Name J. Mark Adkins Phone 304-347-1768 | | | | | | | | | |
| Address 600 Quarrier Street | | | | | Email madkins@bowlesrice.com | | | | |
| Address COO Quarrier Officer | | | | | Email Triddkins@bowlesnee.com | | | | |
| | Charleston Mo | ot Vivalala C | 25204 | | | | | | |
| City, S | tate zip Charleston, We | st virginia z | 25301 | | | | | | |
| 2. R | eporting period for which this | activity repor | t is being filed | | | | | - | |
| Check | | Due Date | | | 1977)高階 | | | | |
| Х | 2017-3 9/1/17-12/31/17 | 1/15/2018 | | | | | | | |
| | | | | | | | | // | |
| | | | | | | | | | |
| 3. L | ist all employers/organization | s that you repr | esent as a lobb | vist | Use | e additional rep | ortina forms i | f necessary. | |
| | 1. RAI Services Company 4. Enbridge | | | | | | | | |
| | 2. Multistate Associates / EPIC Pharmacies, Inc. 5. West Virginia Center for End-of-Life Care | | | | | | | | |
| | | | | | | | | 410 | |
| 3 | 3. Multistate Associates / Sanofi Pasteur 6. Community Bankers of West Virginia | | | | | | | | |
| | | | | | | | | | |
| 4. L | obbying activity summary - If | there was no a | ctivity or exper | nditures, indicat | e "none." | | | | |
| All o | f the matters and issues | listed on the | emplover re | epresentation | authorization | form filed in | respect to | each of these. | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 5. E | xpenditures | | | | | | | | |
| | xpenditures, including campa | ian contributio | ns mark here | | | | | | |
| | spent money on any public off | | | his or her immer | diate family list t | the amounts sn | ent In each of t | the following | |
| | orles per each employer you re | | | | | ine amounts sp | che in cach or i | inc rollowing | |
| | diture Categories | Employer 1 | Employer 2 | Employer 3 | Employer 4 | Employer 5 | Employer 6 | Total Expended | |
| A. | Meals and Beverages | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| В. | Lodging | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| C. | Advertising | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| D. | Travel | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| E. | Gifts | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| F. | Other Expenses | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| G. | Group Expenditures | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| Н. | Campaign Contributions | LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. \$ 550.00 | | | | | | \$ 550.00 | |
| ١. | TOTAL of all expenditures | \$ | \$ | \$ | \$ | \$ | \$ | \$ 550,00 | |
| If you | sponsored or contributed to a | ny group event | or shared expe | nses, list the tot | al expended in c | ategory 5G imn | nediately above | e. Complete and | |
| attach | a Schedule B for each event, | | | | | | | | |

To the best of my knowledge, the Information contained hereon and on any attached materials is true, correct and complete. I understand that it is a violation of WV Code §6B-3-9 to willfully apply nowingly file a false of incomplete report. I further understand that if convicted of such an act, I

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| West Virginia Ethics Commission | | | | | |
|---------------------------------|-----------------|--|--|--|--|
| Attn: Lobbyist Registrar | | | | | |
| 210 Brooks St., Ste. 300 | | | | | |
| Charleston, WV 2 | 5301 | | | | |
| 304-558-0664 | No faxed coples | | | | |
| For office use only: | | | | | |
| Postmark | Rec'd | | | | |
| Days late | Fine | | | | |

| 1, N | ame and contact information | | | | | | | |
|-----------------------------|-----------------------------------|---------------------------------------|--|----------------------|--|--|---|------------------|
| Name J. Mark Adkins | | | | | Phone 304-347-1768 Emall madkins@bowlesrice.com | | | |
| Address 600 Quarrier Street | | | | | _{Email} M | adkins@b | owlesrice. | com |
| Address 000 Quarrier Street | | | | | eman | <u> </u> | • | |
| | | | | | | | | |
| City, St | rate zip Charleston, Wes | st Virginia 2 | 5301 | | | | | |
| | | | | | | | ······································ | |
| 2, R | eporting period for which this | activity report | is being filed | | | | | |
| Check | Report Period | Due Date | | | VALUE OF THE STREET | | | |
| X | 2017-3 9/1/17-12/31/17 | 1/15/2018 | | | | | | |
| | | | | | | | | |
| | | | 9517 | | | | | |
| 3, LI | st all employers/organization | s that you repr | esent as a lobb | ylst | Ųse | additional rep | orting forms if | necessary. |
| | Robert C. Byrd Corrido | | | | | | | |
| 1, | 1,000,000,000,000,000 | , , , , , , , , , , , , , , , , , , , | | | | | | |
| 2. | • | | | 5, | | | | |
| 3, | | | | 6 | | | | |
| | | | | | | | | |
| 4. L | obbying activity summary - if | there was no a | ctivity or expen | ditures, indicate | "none." | | | |
| 4.4 | the matters and issues | | | | | form filed in | respect to | each of these |
| All O | the matters and issues | iistea on the | s employer re | presentation | authorization | TIOTHI IIICU II | T Capcot to | 34011 01 111000. |
| | | | | | | | | |
| | | - | | | | | | |
| | | | | | | | | |
| 5. E | xpenditures | | | | | | | |
| If no e | xpenditures, including campa | ign contributio | ns, mark here: | | · · · · · · · · · · · · · · · · · · · | | | |
| if you | spent money on any public off | icial, employee | or member of | his or her immed | llate family, list t | the amounts sp | ent in each of t | he following |
| | ories per each employer you re | 1 | - Address in the Party of the Address of the Addres | | Employer 4 | - Employer E | Employer 6 | Total Expended |
| | diture Categories | Employer 1 | Employer 2 | Employer 3 | <u> </u> | Employer 5 | \$ | \$ |
| A. | Meals and Beverages | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| В, | Lodging | \$ | \$ | | | \$ | \$ | \$ |
| C, | Advertising | \$ | \$ \$ | \$ | \$ | \$ | \$ | \$ |
| D. | Travel Gifts | \$ | \$ | \$ | \$ | \$ | \$ | Š |
| E. | | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| F. | Other Expenses Group Expenditures | \$ | 4 | \$ | \$ | Ś | Ś | \$ |
| Н. | Campaign Contributions | | VT IN "TOTAL F | 니 ? KPENDED" COLU | | <u> </u> | | \$ 550.00 |
| n. l. | TOTAL of all expenditures | \$ | \$ | \$ | Ś | Ś | \$ | \$ 550,00 |
| If you | sponsored or contributed to a | ny group even | t or shared expe | | | | , . | l ' |
| | a Schedule B for each event. | 0,036 2,011 | | , | | 3 , , , , , , , , , , , , , , , , , , , | , | |
| | | | | | ··· | · | | |

To the best of my knowledge, the information contained hereon and on any attached materials is true, correct and complete. I understand that it is