

West Virginia Ethics Commission

Name and contact information

Lobbyist Activity Report Form

2019-03

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:

Days late

____ Rec'd_

Fine _

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

| William D Bissett | | | | | | Phone 304-525131 | | | | |
|--|---|--------------------------|---|-------------------------|------------|----------------------------|----------------|------------------|----------------|--|
| 1108 Third Ave. Suite 300 | | | | | | bill@huntingtonchamber.org | | | | |
| Business Address Business Email | | | | | | | | | | |
| City, State Zip Huntington, WV 25701 | | | | | | | | | | |
| | | | | | | | | | | |
| | eporting period for which this activity report is being filed | | | | | | | | | |
| Check | 2019-3 | Period 9/1/19 - 12/31/19 | Due Date | | | | - | | | |
| Х | 2019-3 | 9/1/19 - 12/31/19 | 1/15/2020 | | | | - | | | |
| | - | | + | A STATE OF THE STATE OF | | | - | | | |
| | | | | | | | | | | |
| 3. Li | List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary. | | | | | | | | | |
| 1. | Huntignton Regional Chamber | | | | | | | | | |
| | | | | | | | | | | |
| 2. | 5 | | | | | | | | | |
| 3. | 36 | | | | | | | | | |
| | | | | | | | | | | |
| 4. Lobbying activity summary - If there was no activity or expenditures, indicate "none." | | | | | | | | | | |
| None | | | | | | | | | | |
| THO TO | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 5. Expenditures | | | | | | | | | | |
| If no expenditures, including campaign contributions, mark here: | | | | | | | | | | |
| | | | | | | diata family list t | the amounts on | ant in each of t | he following | |
| 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. | | | \$ | \$ | \$ | \$ | \$ | \$ | Ś | |
| В. | Lodging | 0 | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| C. | Advertisi | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| D. | Travel | - | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| E. | Gifts | | \$ | Ś | \$ | \$ | \$ | \$ | \$ | |
| F. | Other Exp | | \$ | \$ | \$ | S | \$ | \$ | \$ | |
| G. | - | | \$ | Ś | \$ | Ś | Ś | \$ | Ś | |
| H. | | 15.000.000.0000.0000 | LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. | | | | | | | |
| I. | | | \$ | Ś | S | S | S | \$ | Ś | |
| | | | | T | 1 7 | T | T. | nediately above | . Complete and | |
| | 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. | | | | | | | | | |