JAN 09 2020

West Virginia Ethics Commission

Lobbyist Activity Report Form

2019-03

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

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

1. Name and contact information										
Name	Robert S. Kiss Phone (304) 347-1736									
Dusin	Business Address 600 Quarrier Street				Business Email rkiss@bowlesrice.com					
Business Address Business Email										
01-1-1-140/05004										
City, State Zip Charleston, WV 25301										
2. Reporting period for which this activity report is being filed										
Check	· · · · · · · · · · · · · · · · · · ·	Due Date								
X	2019-3 9/1/19 – 12/31/1		CO-870000 PG (COMPANIE)				-			
	7,575	2,23,252								
2 List all ampleyers largenizations that you represent as a labbuist.										
3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.										
Bowles Rice LLP 4										
2 5										
3 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.										
-	diture Categories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended		
Α.	Meals and Beverages	\$	\$	\$	\$	\$	\$	\$		
B.	Lodging	\$	\$	\$	\$	\$	\$	\$		
C.	Advertising	\$	\$	\$	\$	\$	\$	\$		
D.	Travel	\$	\$	\$	\$	\$	\$	\$		
E.	Gifts	\$	\$	\$	\$	\$	\$	\$		
F.	Other Expenses	\$	\$	\$	\$	\$	\$	\$		
G.	Group Expenditures	\$	\$	\$	\$	\$	\$	\$		
H.	Campaign Contributions		T IN "TOTAL EX	,				\$		
l.	TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$0		
	sponsored or contributed to a	ny group event	or shared expe	nses, list the to	tal expended in c	ategory 5G imm	nediately above	e. Complete and		
attach a Schedule B for each event.										