West Virginia Ethics Commission
Attn: Lobbyist Registrar
210 Brooks St., Ste. 300
"harleston, WV 25301

\$\frac{58-0664}{\text{ No faxed}}\$

"se only:

Ref

West Virginia Ethics Commission

Lobbyist Activity Report Form

2019-03

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

No faxed copies

| or office use only: | | |
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| | Chad D. Robin | son | | | | 4 | 204 342 3760 | 1 | | |
|--|--|--|--|---|---|--|--|---|--|--|
| Name Chad D. Robinson | | | | | | Phone 304.342.3769 | | | | |
| Business Address 18 California Avenue | | | | Ви | Business Email chad@wvcsi.com | | | | | |
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| City (| State Zip Charles | ton, WV 253 | 311 | | | | | | | |
| City, 3 | | | | | | | | | | |
| 2. R | Reporting period fo | r which this ac | tivity report | is heing filed | | | | | | |
| Check | 1 | | Due Date | lo being men | Call of Physics Pa | - 1.01.01 | | | | |
| x | | 9 – 12/31/19 | 1/15/2020 | | | 1000000 | | | | |
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| 3. L | ist all employers/o | rganizations t | hat vou repr | esent as a lobb | vist | Us | e additional rep | orting forms if | necessary. | |
| | WV Associa | | | | | Consumer | | | | |
| | | | | | | Cemetery & Fune | | | | |
| | WV Chiropra | | | | | | | | | |
| 3. Cigar Association of America | | | | 6. <u>VV V</u> | Associatio | n of Real E | state App | raisers | | |
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| | | | | | | | | | | |
| 4. L | obbying activity su | mmary - If the | ere was no a | ctivity or exper | nditures, indicat | e "none." | | | | |
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| Hea | althcare, Deat | h Care, Le | egal Mat | ters, Real | | | s, Taxing, | Cannabis. | | |
| Hea | expenditures expenditures, includes spent money on an | th Care, Le | egal Mat | ns, mark here: | Estate, Smo | oking Issue | | | | |
| Hea | expenditures include | th Care, Le | egal Mat | ns, mark here: | Estate, Smo | oking Issue | | | he following | |
| Hea | expenditures expenditures, includes spent money on an | th Care, Le | egal Mat | ns, mark here: | Estate, Smo | oking Issue | | | he following | |
| 5. Elf no el catego | expenditures expenditures, include spent money on arories per each employed | ding campaign ny public officia loyer you repre | egal Mat | ns, mark here: or member of lete and attach Employer 2 | his or her immed Schedule A to t Employer 3 | diate family, list his report. Employer 4 | the amounts sp | ent in each of t Employer 6 | he following Total Expended | |
| 5. E If no e If you catego Exper A. B. | expenditures expenditures, include spent money on ar ories per each emploiditure Categories Meals and Bever Lodging | ding campaign ny public official loyer you repre | contributional, employee esent. Compermiployer 1 | ns, mark here: or member of lete and attach Employer 2 \$ | his or her immed Schedule A to t Employer 3 | diate family, list his report. Employer 4 \$ | the amounts sp Employer 5 \$ | ent in each of t Employer 6 \$ | he following Total Expended \$ | |
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attach a Schedule B for each event.