West Virginia Ethics Commission

## **Lobbyist Activity Report Form**

2019-03

WEthice Commission

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

Days late

Rec'd\_\_\_\_

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

1. Name and contact information										
Name Glenn Spencer Phone 202-659-6000										
Business Address 1615 H Street NW						Business Email gspencer@uschamber.com				
Business Address Business EmailBusiness Email										
W. I										
City, State Zip Washington, DC 20062										
2. Reporting period for which this activity report is being filed										
Check	Report	Period	Due Date							
×	2019-3	9/1/19 - 12/31/19	1/15/2020							
				4						
				The Control		2000年				
3. List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary.										
U.S. Chamber of Commerce										
1. 4										
2 5										
3,6										
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
Legislative advocacy related to labor reform legislation.										
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.										
Expen	diture Cate	gories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
A.	Meals and	d Beverages	\$	\$	\$	\$	\$	\$	\$0	
В.	Lodging		\$	\$	\$	\$	\$	\$	\$0	
C.	Advertisir		\$	\$	\$	\$	\$	\$	\$0	
D.	Travel	AND DESCRIPTION OF THE PERSON NAMED AND DESCRIPTION OF THE PERSON	\$	\$	\$	\$	\$	\$	\$0	
E.	Gifts		\$	\$	\$	\$	\$	\$	\$0	
F.	Other Exp		\$	\$	\$	\$	5	\$	\$0	
G.			\$	\$	\$	\$	\$	\$	\$0	
H.	-							\$0		
1.		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.										