Received

MAY 01 2020

WV Ethics Commission

West Virginia Ethics Commission

Lobbyist Activity Report Form

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

2020-01

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 | |
| | | |

| 4 1 | | | | | | | | | | | | |
|--|--|----------------------|----------------|----------------|---------------|------------|----------------|------------------|----------------|--|--|--|
| 1. Name and contact information | | | | | | | | | | | | |
| Name | Name Paul T. Creedon Phone (212) 723-5589 | | | | | | | | | | | |
| Rusine | Business Address 388 Greenwich Street Business Email paul.t.creedon@citi.com | | | | | | | | | | | |
| Trading - 6th Floor | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| City, State Zip New York, NY 10013 | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2. Reporting period for which this activity report is being filed | | | | | | | | | | | | |
| Check | T T | Period | Due Date | | | | | | | | | |
| x | - | 1/1/20 - 4/30/20 | 5/15/2020 | | | 38 | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary. 1. Citigroup Global Markets Inc. | | | | | | | | | | | | |
| 1. | Citigrou | ip Global Mai | kets inc. | | 4 | | | | | | | |
| 2. | | | | | 5. | | | | | | | |
| | | | | | | | | | | | | |
| 3. | | | | | 6 | | | | | | | |
| | | | | | | | | | | | | |
| 4. Lobbying activity summary - If there was no activity or expenditures, indicate "none." | | | | | | | | | | | | |
| None. | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | kpenditures | | | | | | | | | | | |
| If no e | xpenditures | , including campai | gn contributio | ns, mark here: | | | | | | | | |
| | | y on any public offi | | | | *** | the amounts sp | ent in each of t | he following | | | |
| 1 | | h employer you re | | | | 1 | T | T = | | | | |
| Expen | diture Categ | | Employer 1 | Employer 2 | Employer 3 | Employer 4 | Employer 5 | Employer 6 | Total Expended | | | |
| A. | | Beverages | \$0 | \$ | \$ | \$ | \$ | \$ | \$0 | | | |
| B. | Lodging | | \$0 | \$ | \$ | \$ | \$ | \$ | \$0 | | | |
| C. | Advertisin | g | \$0 | \$ | \$ | \$ | \$ | \$ | \$0 | | | |
| D. | Travel | | \$0 | \$ | \$ | \$ | \$ | \$ | \$0 | | | |
| E. | Gifts | | \$0 | \$ | \$ | \$ | \$ | \$ | \$0 | | | |
| F. | Other Exp | | \$0 | \$ | \$ | \$ | \$ | \$ | \$0 | | | |
| G. | Group Exp | | \$0 | \$ | \$ | \$ | \$ | \$ | \$0 | | | |
| Н. | | Contributions | | | (PENDED" COLU | | | | \$0 | | | |
| l. | | all expenditures | \$ 0 | \$ | \$ | \$ | \$ | \$ | \$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. | | | | | | | | | | | | |